



Submit by email to:
Tax Department tax@townofws.ca
Water Department water@townofws.ca

Pre-Authorized Payment Plan Cancellation Request

Roll No.

0	0	0
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0	0	0	0
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Water Account No.

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Property Location: _____

I/We _____ am/are requesting

the above mentioned tax and/or water account be cancelled from the Pre-Authorized Payment Plan.

Effective date: _____

Reason for Cancellation: _____

Signature(s): _____

Print Name: _____

Phone: _____ Email: _____

Date Signed: _____

Please remember that cancellations must be received by the end of the month prior to the month that you want the cancellation to take effect. All cancellations must be in writing.

For Office Use Only:

Plan Type: _____ Date Completed: _____