



CANCELLATION OF AUTHORIZED UTILITIES PAYMENT PLAN

Date: _____

**Utility Department
Town of Stony Plain**

Name: _____

RE: Address: _____

Utility Account # _____

Please be advised that I/we wish to discontinue the monthly installment payments through electronic funds transfer as of:

Effective Immediately

After Final Bill

Signature

Phone Number

The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of discontinuing pre authorized debit. Direct any questions about this collection to: FOIP Coordinator at the Town of Stony Plain 780-963-2151.