

## **Cancellation for Fort Electronic Payment Plan-FEPP**

Account I	Holder First Name:	Last Name:	
(Please P	rint)		
Property Address:		Email:	
Phone No. (Res):		Phone No. (Cell):	
I/We here	eby give notice to the City o	f Fort Saskatchewan that I/We wish to withdrawal from pre-auth	orized payments
for:		(Please check applicable boxes)	
	UTILITY ACCOUNT Number	r (withdrawn on the last day of each mor	nth).
	ote: Utility FEPP payments v ty account*	will automatically be cancelled after the final bill payment due da	te when you close
your acim	•	OT being closed-check below	
	the UTILITY pre-authorized	d payment plan Utility Account No on th	e date
AND (OD	of		
AND/OR		and the second s	
	·	thorized payment plan (withdrawn on the 15 <sup>th</sup> of each month) o	on the date
	of	for Tax Roll No	
(Please re	ead and check)		
	/We are aware that this with	hdrawal form must be received 15 days before the next withdraw	val/due date.
	/We warrant and guarantee his agreement below.	e that all persons whose signatures are required to sign on this ac	count have signed
	/We understand that all out	tstanding amounts now become due and payable and may be sub	ject to penalties.
О	Nothing in this withdrawal form shall be interpreted to relieve the owner/applicant from the obligation to pay outstanding balances, including penalties, owing the City of Fort Saskatchewan in the manner or the date or dates for payment established by bylaws of the City of Fort Saskatchewan.		
	This form must be complete ax roll whichever applies.	ed and signed by an owner or occupant whose name appears on	the utility bill or
Signature	:	Date:	
Signature:		Date:	

This personal information is being collected and used under the authority of Section 4(c) of the Protection of Privacy Act for the purposes relating to the administration of The City of Fort Saskatchewan's Pre-Authorized Payment Program. If you have questions about the collection, contact the Access to Information Coordinator for the City of Fort Saskatchewan at 780-992-6200.