



**TOWN OF WASAGA BEACH  
PRE-AUTHORIZATION CANCELLATION**

DATE: \_\_\_\_\_

Please CANCEL my Pre-authorization Payment Agreement effective:

\_\_\_\_\_

Month/Day/Year

For:                     Water/Sewer                    and/or                     Taxes

(PLEASE PRINT)

NAME: \_\_\_\_\_

WASAGA BEACH ADDRESS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Please return this form to the Tax Department at the Town Hall (30 Lewis Street).**