



The Municipality of the  
**VILLAGE OF BURK'S FALLS**

172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0  
P 705-382-3138 • F 705-382-2273 • [www.burksfalls.net](http://www.burksfalls.net)

**UTILITY PRE-AUTHORIZED PAYMENT**  
**CANCELLATION REQUEST FORM**

Please cancel the Utility Pre-Authorized Payment Plan for:

**UTILITY ACCOUNT #** \_\_\_\_\_

Property Owner Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_  
(if selling please indicate closing date)

**Date Effective for:** \_\_\_\_\_

PLEASE NOTE: Cancellation requests must be received in our office 10 business days prior to the next withdrawal in order to cancel your next payment.

Completed form can be faxed to 705-382-2273 or emailed to [treasurer@burksfalls.ca](mailto:treasurer@burksfalls.ca)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For joint accounts all depositors must sign if more than one signature is required on cheques issued against the account)

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**OFFICE USE ONLY**

Account cancelled as of \_\_\_\_\_ by \_\_\_\_\_

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