



THE CORPORATION OF THE TOWNSHIP OF HAMILTON

Cancellation Date: \_\_\_\_\_

Installment  
Plan

PRE-AUTHORIZED WATER PAYMENT PLAN

***CANCELLATION REQUEST***

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

**I HEREBY AUTHORIZE THE CANCELLATION OF MY FINANCIAL INSTITUTION WITHDRAWALS FROM MY BANK ACCOUNT FOR THE PURPOSE OF PAYING WATER CHARGES TO THE CORPORATION OF THE TOWNSHIP OF HAMILTON.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

Revised July 2018