



Cancellation Notice

Pre-Authorized Payment (PAP) Plan

Wasaga Beach Municipal Address: _____ *

Cancellation Effective Date: _____ *

PROPERTY TAX ROLL # 4364 - _____ - _____ - _____ - 000 *

PLAN #1: Installment Due Dates (15th of March, May, July, September)

INITIALS

OR

PLAN #2: 10 Monthly Installments (15th of January to October)

INITIALS

Cancellation Effective Date: _____ *

NOTE: Water/Sewer PAP will continue until the final bill. The exact amount will be withdrawn and then the plan cancelled.

WATER/SEWER ACCOUNT # _____ . _____ *

PLAN #1: Due Dates (21st of February, April, June, August, October, December)

INITIALS

PLAN #2: 11 Equal Installments (21st of each month +October reconciliation)

INITIALS

NAME: _____ * SIGNATURE: _____ *

PHONE: _____ * EMAIL: _____

FORWARDING ADDRESS: _____

Please return this form to the Treasury Department at Town Hall By:

Mail/ Drop Box/ In Person: 30 Lewis Street, Wasaga Beach ON L9Z 1A1

Email: revenue@wasagabeach.com