



Town of Vegreville  
4829 50 Street  
Postal Drawer 640  
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**UTILITY PRE-AUTHORIZATION**  
**CANCELLATION FORM**

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

Please be advised that effective \_\_\_\_\_, I/we wish to discontinue our monthly Pre-Authorized Utility Payment for payment of utilities on the above-mentioned account.

Additional Comments:

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

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

Print Name: \_\_\_\_\_

**(FOR ADMIN USE ONLY)**

**CANCELLATION OF UTILITY PRE-AUTHORIZATION PAYMENT AFTER:** \_\_\_\_\_