

## **PRE-AUTHORIZED WITHDRAWAL SERVICE (PAWS) CANCELLATION**

This is notice to cancel the preauthorized withdrawal payments for the property located at:

\_\_\_\_\_ *Civic address*

EFFECTIVE DATE \_\_\_\_\_ *Minimum two weeks' notice required*

FOLIO NUMBER \_\_\_\_\_ UTILITY ACCOUNT NUMBER \_\_\_\_\_

NAME (on PAWS account) \_\_\_\_\_

NAME (on PAWS account) \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_

I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the City of Parksville.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date