



# Utility Monthly Direct Debit Cancellation

Acct. No.

I/We hereby request the City of Kamloops to cancel my/our monthly utility direct debit payment for the next payment due \_\_\_\_\_, 20\_\_\_\_\_.

**(This form must be received at City Hall five (5) business days prior to the requested cancellation due date)**

\_\_\_\_\_  
Property Location (Civic Address)      Daytime Phone Number

\_\_\_\_\_  
Date (YY/MM/DD)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Name (Please Print)

CITY USE ONLY	
Date Received	End
_____	_____
	Month/Year

\_\_\_\_\_  
Mailing Address (if different than above)

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

**If you are changing your bank account, please attach a SAMPLE cheque marked "VOID".**