



Utility PAWS Change Request

Acct. No.

I/We hereby request the City of Kamloops to make the following change(s) to my/our pre-authorized monthly withdrawal for my/our monthly utility account.

Change my bank account

Change my monthly withdrawal

Property Location (Civic Address) Daytime Phone Number

Date (YY/MM/DD) Signature(s)

Name (Please Print)

Maximum Amount is Net Semi-annual Bill divided by 6		
New Monthly Amount \$ _____		
CITY USE ONLY		
Date Received _____	Start _____ Month/Year	Notes:

Mailing Address (if different than above)

City Province Postal Code

**All changes must be received 5 business days before the withdrawal is scheduled to happen.
If you are changing your bank account, please attach a SAMPLE cheque marked "VOID".**