



Cancellation Notice

To: Municipality of Lambton Shores

Date: _____

Utility Account #: _____

Tax Roll #: _____

I/We, _____, would like to cancel my/our authorization for pre-authorized debit against my/our:

- Tax Account
- Utility Account
- Donation Payment

This is to take effective on _____.

I acknowledge that this cancellation does not terminate any other obligation that I may have with Lambton Shores.

Print Name

Signature

Print Name

Signature