



City of
Parksville

**PRE-AUTHORIZED WITHDRAWAL SERVICE (PAWS)
CANCELLATION**
Property Taxes and Utilities

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
