



Town of Vegreville
4829 50 Street
Postal Drawer 640
VEGREVILLE, ALBERTA T9C 1R7

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UTILITY PRE-AUTHORIZATION
CANCELLATION FORM

UTILITY ACCOUNT# _____

Please be advised that effective _____, I/we wish to discontinue our
monthly Pre-Authorized Utility Payment for payment of utilities on the above-mentioned account.

Additional Comments:

Date: _____

Signature: _____

Print Name: _____

(FOR ADMIN USE ONLY)

CANCELLATION OF UTILITY PRE-AUTHORIZATION PAYMENT AFTER: _____