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WATER & SANITARY SEWER

Cancellation or Change to Pre-Authorized Payment Information

Name: _____	Telephone Number: _____
Property Address (including Postal Code): _____	Customer ID: _____
Address Continued: _____	Utility Account Number: _____
Please choose one of the following options:	
<input type="checkbox"/> I hereby request a change to the pre-authorized payment plan. Effective date: _____	
Please choose one of the following reasons for the adjustment.	
<input type="checkbox"/> Bank information has changed (attach new 'VOID' cheque)	
<input type="checkbox"/> I will be moving within the Municipality of Port Hope boundaries, please transfer to new property	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> I hereby request a cancellation to the pre-authorized payment plan. Effective date: _____	
Please choose one of the following reasons for the adjustments:	
<input type="checkbox"/> I will be paying my utilities on my own	
<input type="checkbox"/> Property has sold Closing date: _____	
<i>*Please complete only if you have requested that your pre-authorized payment plan be transferred to your new property within the boundaries Municipality of Port Hope.</i>	
New Property Address (including Postal Code): _____	New Utility Number: _____
I hereby authorize the Municipality of Port Hope to make the appropriate adjustment(s) to my pre-authorized payment plan as Identified above.	
Signature: _____	Date: (YYYY/MM/DD) _____
For Office Use Only Processed by Date	

*Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.