



**TERMINATION FORM FOR
PRE-AUTHORIZED BANK WITHDRAWAL
FOR UTILITY USER FEE ACCOUNT PAYMENTS**

Please print

| | | | |
|--|----------------|-------------------------|-----------------|
| Service Location Address | | | |
| Last Name | First Name | Customer Account Number | |
| Mailing Address if different from Service Address: | | | |
| City | Province/State | Postal Code/ZIP | Daytime Tel No. |

Terminate pre-authorized withdrawal for account payment effective _____

Date: _____ Signature: _____

Please email this form to Finance@rdn.bc.ca OR return by fax to (250) 390-6572.