



Pre-authorized Debit Plan Cancellation Form

Name on Account: *(Name or names of Payors)* _____

Account Number: _____

Effective Date of Cancellation: _____

I/ We would like to cancel my/our authority for Cornwall Electric to withdraw payments for my/our electricity account through the Pre-authorized Debit Plan.

I/ We acknowledge that this cancellation does not terminate any other obligation I/we have with Cornwall Electric for payment of electricity invoices. I/ We understand that payments after the effective date of cancellation will be required in the form of Interac, cheque, money order, credit card.

Signed:

(Payor) _____

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this Cancellation Notice.

Witnessed by: _____

(CE representative)

Date: _____