

TOWN OF FORT ERIE

CANCELLATION OF PRE-AUTHORIZED PAYMENTS

Date: _____

Taxes:

Water:

Water Account # _____

Tax Roll # _____

Name on Account: _____

Address of Property: _____

Information Received From: _____

Information Taken By: _____

Comments:

Customer Signature: _____

Processed By:

Tax: _____ **Water:** _____

Date: _____ **Date:** _____