



Utilities Account #: _____

Tax Roll #: _____

PRE-AUTHORIZED PAYMENT PLAN Discontinuation

Name(s): _____
First *Last*

Property Address: _____
Street Address *City* *Postal Code*

Mailing Address (if different): _____
Street Address/Box # *City* *Postal Code*

Phone Number(s): _____

Email(s): _____

Discontinuation Date: _____
day / month / year

Please be advised that the final utility charges will be withdrawn from your account after the discontinuation date.

Water Installment Payment Plan (W.I.P.P.S.) Tax Installment Payment Plan (T.I.P.P.S.)

By signing this form, I/we request to be removed from the City of Martensville's Pre-Authorized Plan Service (WIPPS and/or TIPPS).

I/we understand that:

- This request must be received at least ten (10) business days before the next scheduled withdrawal to prevent the next payment from being processed.
- Once removed, all outstanding balances become due and payable in accordance with City bylaws and policies and may be subject to penalties if unpaid.
- The City of Martensville is not responsible for payments processed if this request is received after the cut-off period.

I/we understand that cancelling WIPPS or TIPPS does not cancel E-Billing.

I/we confirm that I/we are authorized to make this request for the account(s) listed above.

Signature: _____

Date: _____

Signature: _____

Date: _____

By signing electronically, I adopt this digital signature as my own.

If you have any questions, please contact:
inquiry@martensville.ca
306-931-2166