



#1 Hall Street  
Rochon Sands, AB T0C 3B0  
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## Tax Installment Direct Debit Cancellation

Roll # \_\_\_\_\_

Please cancel \_\_\_\_\_ from the tax installment directed  
(Owner's Name)

debit plan effective \_\_\_\_\_ for the property located at  
(Date)

\_\_\_\_\_  
(Civic Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

Note: If the effective date is the last day or first day of the month, please write in if you want that month processed. Ex) Effective date is July 31<sup>st</sup>, do you want the August 1<sup>st</sup> payment processed.