

SUMMER VILLAGE OF WHITE SANDS

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TAX INSTALLMENT DIRECT DEBIT PLAN CANCELLATION

Roll# _____

Please cancel _____ from the tax installment direct debit plan
Owner's Name

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 31st, do you want the August 1st payment processed.