



City of Lacombe
5432 – 56 Avenue
Lacombe, AB T4L 1E9

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Cancellation Form for Pre-Authorized Utility Withdrawal Program

Personal Pre-Authorized Debit Agreement

INTERNAL USE ONLY - Utility Account #:

Date of Request: _____ Effective Date: _____

Applicant Name: _____
First Name *Last Name*

Service Address: _____ Lacombe, AB Postal Code: _____
Unit #, Street #, Street

Forwarding Address: _____
Unit #, Street #, Street, City, Province, Postal Code

Current Phone Number: _____ (Daytime) _____ (Alternative)

Forwarding Phone Number: _____ (Daytime) _____ (Alternative)

Email: _____

AUTHORIZATION

Signature of Applicant

Date

FOIP Notification Statement

The personal information that you provide to the City of Lacombe is collected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act – Section 33(c). The information will be used for the purpose of managing and administering Utility Account Services. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act, and can be reviewed and corrected upon request. Questions regarding the collection of personal information can be directed to: FOIP Coordinator, City of Lacombe, 5432-56 Ave, Lacombe, AB T4L 1E9, Tel. 403-782-1281 or foip@lacombe.ca.