

**Township of Havelock-Belmont-Methuen Pre-authorized Debit Plan Agreement  
CANCELTATION FORM**



Effective date: \_\_\_\_\_

Roll Number: 15-31-\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form by mail, fax or email to: Township of Havelock-Belmont-Methuen  
PO Box 10, 1 Ottawa St. E., Havelock, ON K0L 1Z0 Fax: 705-778-5248  
Email: [aatkinson@hbmtwp.ca](mailto:aatkinson@hbmtwp.ca) Telephone: 705-778-2308 toll free 1-877-767-2795