PO Box 119
Stettler, AB T0C 2L1
Tel: 403.742.4717
Email: cao@whitesandsab.ca

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