

***Cancellation of Automatic Bill Payment Authorization Form***

Customer Name:

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Service Address:

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Mailing Address (if different):

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Phone number:

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Date:

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I authorize, the City of Menville Water Department, to cancel my automatic payment for my utility bills on today's date.

I understand that canceling my automatic payment will be effective immediately and I am still obligated to pay for my utility service using another payment method.

***Signature:***

***Date:***

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