

## AUTOMATIC BILL PAYMENT CANCELLATION

Please cancel my Automatic Bill Payment as of

(Date of cancellation)

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name\_\_\_\_\_

Date \_\_\_\_\_

Note: This request requires a <u>minimum</u> of ten (10) days to process. Requests initiated within ten (10) days of bill due date will not be completed until the next billing cycle.