



**WATER DEPARTMENT
DISCONTINUE AUTOMATIC DEBIT**

I would like to stop automatic debit on my account as of _____

The account # is _____

My address is _____

Signature _____

Automatic debit is taken from your account on the 10th of every month. If this Form has not been received by the 10th your account will be debited. That may Result in a returned check which you are responsible for.