

REQUEST TO CANCEL AUTOMATIC BILL PAYMENT

I no longer wish to participate in the Automatic Bill Payment Program. Please correct my account to reflect personal payment and not withdraw from my bank account. I ask this change become effective:

Month	Day	Year
_____	_____	_____
Customer Name (Print)	_____	Bank Name
_____	_____	_____
Customer Address	_____	Bank Account Number
_____	_____	_____
Customer Account Number	_____	Customer Phone Number (Home & Work)
_____	_____	_____
Signature	_____	Date of Request

For Office Use Only

Date Received _____ Received By _____

System Correction Done _____
By _____ Date _____

Please attach Request Form to Authorization Agreement and file when corrections are complete.

CITY OF NICEVILLE
UTILITY BILLING OFFICE
208 N PARTIN DR
NICEVILLE, FL 32578
PHONE 850 729-4000