



## CANCEL AUTOMATIC WATER/SEWER BILL PAYMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Water/Sewer Account Number: \_\_\_\_\_

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

Signature (Required): \_\_\_\_\_

*\*\*Effective date of cancellation will be the date form is received\*\**

*\*\*Form must be received 7-10 business days prior to due date\*\**

Completed form **MUST** be sent to: City of Troy Treasurer's Office  
500 W. Big Beaver  
Troy, MI 48084  
**OR**  
Fax to: 248-524-3328