# 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:

## Cancellation Effective Date

_____
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 |

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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