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

PLEASE CALL CITY OF TROY TREASURER'S OFFICE WITH ANY QUESTIONS CONCERNING THIS FORM 248.524.3333