



AUTOMATIC PAYMENT CANCELLATION FORM

I understand I must give the City of Oak Harbor 3 business days prior notice to the due date in order to cancel the scheduled payment.

Please cancel the automatic payment agreement and discontinue the automatic payment effective _____ from my financial institution, _____.

Service Address: _____

Utility Account: _____

Signature

Date

For Office Use Only:

Receiving cashier: _____

Verified by: _____

Billing Clerk processed on date: _____

Auto pay end date: _____