



AUTOPAY CANCELLATION FORM

Customer Name: _____

Service Address: _____

Telephone #:(_____) _____ - _____ **Utility Account #:** _____ - _____

E-mail Address: _____

I no longer wish to participate in the AutoPay Program.

I understand that upon receipt of this form, **North Port Utilities will cancel any pending automatic payments or bank drafts from this date forward.** Therefore, it may be necessary to pay the current bill.

Signature: _____ **Date:** ____/____/____

FOR OFFICE USE ONLY

RECEIVED BY: _____

DATE RECEIVED: ____/____/____

PROCESSED BY: _____

DATE PROCESSED: ____/____/____