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AUTOPAY CANCELLATION FORM

Customer Name:	
Service Address:	
Telephone #:()	
-mail Address:	
I no longer wish t	o participate in the AutoPay Program.
ending automatic payments o	ot of this form, North Port Utilities will cancel any or bank drafts from this date forward . Therefore, it may bill.
pending automatic payments on the necessary to pay the current be	r bank drafts from this date forward. Therefore, it may
pending automatic payments on the current be necessary to pay the current be	r bank drafts from this date forward. Therefore, it may bill.
pending automatic payments on the current be necessary to pay the current be	bill. Date:Date:
pending automatic payments of the necessary to pay the current being nature:	FOR OFFICE USE ONLY
pending automatic payments on the current be necessary to pay the current be	FOR OFFICE USE ONLY