



AUTOMATIC BILL PAY CUSTOMER CANCELLATION FORM

Please fill out and return to the City of Columbia City

Please **remove** my bank account listed below from the City's automatic bill pay system. I understand that my cancellation request will be effective upon the "cancellation date" noted below and after the **City's receipt** of this signed and completed form.

TODAY'S DATE

COLUMBIA CITY UTILITY ACCOUNT NUMBER

EFFECTIVE DATE OF CANCELLATION

EMAIL ADDRESS

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

CITY

STATE

SIGNATURE

(Information below to be completed by Columbia City Office Staff)

TRANSIT ROUTING NUMBER (must be 9 digits)

ACCOUNT NUMBER ENDING

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