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AUTHORIZATION FOR DISCONTINUATION FORM

UTILITY BILLING PRE-AUTHORIZED PAYMENT PLAN

Applicant(s) Name _____
(Please print)

Property Address: _____ Acct. # _____

Please discontinue me from the Pre-Authorized Payment Plan as of: _____ (date)

Signature: _____ Date: _____

NOTE: _____

*** Office use only***

Acct. # _____ Date Discontinued _____

Initial Received _____ Initial Entered _____