



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: \_\_\_\_\_