



John J. Riley II  
Treasurer

## Treasurer's Office

### City of Dearborn Heights Water Billing

## CANCELLATION OF AUTOMATIC BILL PAYMENT AGREEMENT

Desired Effective Date \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Service Address \_\_\_\_\_

Water Account Number \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date