

AUTOMATIC QUARTERLY PAYMENTS CANCELLATION

Date _____

West Bloomfield Township W/S Account # _____

Name on Account _____

Service Address _____

Phone Number _____

E-mail _____

Account Type (select one): _____ Checking _____ Savings

CANCELLATION DATE _____

NOTE: All cancellation requests must be submitted at least ten (10) days prior to the next scheduled draft date.

**Mail completed form to: West Bloomfield Water & Sewer Department
 2400 Haggerty Road
 West Bloomfield, MI 48323
 (248) 451-4832**

Signature _____