

**City of Momence
105 W Washington St.
Momence, IL 60954**

Cancellation of Automatic Payment of Utility Bill

Name: _____ Date: _____

Service Address: _____

Water/Sewer Account Number: _____

I authorize the City of Momence to cancel my automatic payment for my water & sewer bill on today's date. Cancellation request must be completed at least three business days prior to the due date; otherwise, the withdrawal will take place as scheduled. The cancellation will then become effective with the following month's billing. I understand that by cancelling my automatic payment, I am still obligated to pay for my utility service using another form of payment.

Print Name: _____

Signature: _____