



Cancellation of Automatic Payments

Office Use Only			
Clerk Initials		Account Number	
Identification Checked?	YES <input type="checkbox"/>	Removed from Auto Draft	YES <input type="checkbox"/>

Customer Information

Name: _____ Account Number: _____

Service Address: _____
Street Address

Financial Information

Recurring Credit Cards Bank Drafting

Customer Agreement

Terms & Conditions
<input type="checkbox"/> I understand that I am requesting to be withdrawn from automatic payments with the City of Pearland.
<input type="checkbox"/> I understand that I am responsible for making manual payments online, over the phone, or in person on or before the due date to avoid possible disconnection or penalties.

Signature _____ Date _____