



## City of Oakland Park, Utility & Billing Services

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Office Hours: 8:00 AM- 5:00 PM Monday-Friday

## Automatic Payments Cancellation Request

Date: \_\_\_\_\_

Account Number #: \_\_\_\_\_

Customer Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Please discontinue the Automatic Payment Deduction to the above utility account immediately.**
- I understand that I will need to reapply to reinstate Automatic Payment Deduction
  - I also understand that Automatic Payment that already has been sent for processing cannot be stopped.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_