

**TERMINATION OF AUTOMATIC PAYMENT PLAN**

I hereby authorize the City of Taylor Water Department to terminate my enrollment in the Automatic Payment Plan for my Water Account. I no longer wish to have my water account payments automatically bank drafted from my bank account. I understand that it may take up to another billing cycle to discontinue this service.

WATER ACCOUNT #: \_\_\_\_\_

WATER ACCOUNT ADDRESS: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION:  
\_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_