

CID#: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_ CYCLE#: \_\_\_\_\_

THE CITY OF ENTERPRISE WATER WORKS  
PO Box 311000, ENTERPRISE, AL 36331-1000  
PHONE: 334-347-1211 FAX: 334-348-2613  
[www.cityofenterprise.net](http://www.cityofenterprise.net)

AUTHORIZATION TO **CANCEL** AUTOMATIC BILL PAYMENT PLAN (DEBITS)

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

*(as it is shown on the account)*

Service

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

Water Account

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

Contact Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of Financial

Institution: \_\_\_\_\_

I hereby request that the automatic payment be stopped on my account with the City of Enterprise Water Works.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(For Office Use Only) Processed by: \_\_\_\_\_ Date Completed \_\_\_\_\_