

CITY OF DEARBORN
AUTOMATIC BILL PAYMENT PROGRAM
CANCELLATION REQUEST FORM

DATE STAMP

OFFICE USE ONLY

Please fill out one Cancellation Request Form for each customer account.

Cancel the following Automatic Bill Payment Program(s):
(Check all that apply)

- Cancel Summer Tax Automatic Payment Program
- Cancel Winter Tax Automatic Payment Program
- Cancel Water & Sewerage Bill Automatic Payment Program
- Cancel Miscellaneous Receivables Invoice Automatic Payment Program

Please print clearly and complete all fields below:

Last Name	First Name	MI	
Mailing Address (Number and Street)	City	State	Zip
Property/Service Address	Phone Number		
Account Number	<small>Additional information regarding your account number: Tax Payment Programs – Use your Parcel ID Number Water Payment Programs – Use your Account Number MR Payment Programs – Use your Customer Number</small>		

Important Information:

All Cancellation Request Forms **must be received** by the Treasurer's Office **14 days prior to the next scheduled withdraw date.**

Authorized signature: _____ **Date:** _____

Mail Completed Cancellation Request Forms to:
City of Dearborn
Treasury Division Suite 21
16901 Michigan Avenue
Dearborn, MI 48126

If you have any questions, please contact the Treasurer's Office at (313) 943 – 2045.

<u>Office Use Only</u>
Division Approval: _____ Date: _____