



## CANCEL AUTOMATIC WATER/SEWER BILL PAYMENT

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

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

Daytime Phone: \_\_\_\_\_

Water/Sewer Account Number: \_\_\_\_\_

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

Email Address (Please print clearly): \_\_\_\_\_

Signature (Required): \_\_\_\_\_

*\*\*Effective date of cancellation will be the date form is received\*\**

*\*\*Form must be received 7-10 business days prior to due date\*\**

**Return completed form -**

Mail: City of Troy Treasurer's Office  
500 W Big Beaver Rd  
Troy, MI 48084

Email: [Treasury@troymi.gov](mailto:Treasury@troymi.gov)

Fax: 248-524-3328