



MAIL TO: City of Staunton-UPO

PO Box 58, Staunton, VA 24402

DROP OFF : City Hall UPO Desk

AUTOMATIC PAYMENT CANCELLATION

Name on Account: _____ Account Number: _____

Service Address: _____ Customer Number: _____

Phone Number: _____ Email Address: _____

Please allow at least 5 business days for the cancellation to be completed.

I request the City of Staunton to cancel my previous authorization to automatically deduct funds from my financial institution account to pay for my utilities bill. I understand that once the automatic payment option is cancelled, I will be responsible for sending my payments to the City of Staunton by the due date using an alternative method.

Print Name: _____

Date: _____

Signature: _____

Office Use: Date Received: _____ Next Bill Due Date: _____ Date Processed: _____

Entered by: _____

Reviewed by: _____