



CITY OF BLOOMINGTON UTILITIES

CANCEL Preauthorized Payments

Please mail this form to CBU, PO Box 2500, Bloomington, IN, 47402-2500

Or email utilities.cs@bloomington.in.gov

Individuals:

First Name: _____ Last Name: _____

Service Address: _____

Commercial Customers:

Company Name: _____

Service Address: _____

Date to discontinue Aqua Pay service: ____/____/____

By signing this form, I understand that my payments will no longer be made by automatic withdrawal from my checking or savings account.

Signature: _____ Date: ____/____/____

For Office Use - Account Number: _____