



**WRITTEN REQUEST
TO CANCEL
DIRECT PAY**

Customer Name:	City Service Account #:
Service Address:	Billing Address (if different)
City State ZIP	City State ZIP
Home Phone #:	Alternate Phone #:

I/we hereby request and authorize the City of Meridian Utility Billing to cancel our direct pay upon receipt of this written request.

If I/we choose to use the direct pay service with the City of Meridian in the future, I/we understand that a new application form will have to be submitted along with a new voided check. I further understand that I/we will be responsible for paying all balances due by mailing payment to the City of Meridian or by paying at the Meridian Utility Billing office at 33 E. Broadway Avenue in Meridian.

Authorized Signature:	Date:
Authorized Signature:	Date: