



## Water Bill Auto-pay Cancellation

Property Address \_\_\_\_\_

Please cancel/stop Auto pay effective \_\_\_\_\_

Name/Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

Please return form to: **City of Berkley – Attn: Department of Public Works & Water**  
**3338 Coolidge Hwy.**  
**Berkley, MI 48072**

Fax to: **248-658-3490**

Email to: **amerz@berkleymi.gov**