



## 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**