

**Cancellation of Automatic Bill Payment**

Date \_\_\_\_\_

Please be advised that effective \_\_\_\_\_ I no longer want the water bill for account number \_\_\_\_\_ automatically deducted from my checking / savings account.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Return to:  
Email: [wateroffice@roseville-mi.gov](mailto:wateroffice@roseville-mi.gov)  
Fax: 586-498-1637  
Mail to: Water Billing  
29777 Gratiot Avenue  
Roseville, MI 48066