



**Return completed form to:**

*Village of Holly Utility Billing*

**Karl Richter Center**

300 East Street

Holly, MI 48442

Phone: (248) 634-9571

Fax: (248) 634-4211

## **UTILITY BILLING Direct Debit Cancellation**

Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

**Service Address:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**The Village of Holly requires a signed request to cancel your Direct Debit. Your Direct Debit will continue, until we receive your written request.**

**Please cancel my Direct Debit effective on** \_\_\_\_\_.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***This request must be delivered to the Village of Holly Utility Billing Department at least five (5) business days prior to the desired effective date.***