

# AUTOPAY

## Cancellation Form



CITY OF AUSTIN UTILITIES  
ONLINE CUSTOMER CARE

### City of Austin Utilities Account Information:

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Name of account holder: Last, First, Middle Initial

Utility Account Number

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Utility Service Address

Daytime Telephone Number

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Requested cancellation date:

### Cancellation Information:

**Please allow 10 business days for the change to be processed.** If the City of Austin receives the form at least 10 business days before the Due Date printed on your utility bill, the cancellation will take effect for that billing period. If the form is received less than 10 business days before the Due Date, the cancellation will not take effect until the next billing cycle.

**NOTE:**

**Once the cancellation request is processed, your bill will no longer indicate that the payment will be drafted from your bank account.**

### Signature:

Please **cancel** my Autopay Agreement for the above-referenced utility account. **I no longer wish the City of Austin to electronically draft my bank account for my utility payment.** I have read the above information and understand that although I have submitted a request for cancellation, I am responsible for ensuring that my utility bills are paid on time.

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Account Holder's Signature for Authorization

Date

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**To cancel, please mail this completed form to:**

City of Austin  
Austin Energy Remittance Processing – Autopay  
P. O. Box 2267  
Austin, TX 78783  
**or fax to:** (512) 505-4035