



**CANCELLATION FOR DIRECT
PAYMENT AUTOMATIC BILL PAYMENT**

Company Name City of Dallas Center (the "COMPANY")

I (we) hereby CANCEL our authorization for the COMPANY, to initiate variable entries to my (our) account described below:

Checking Account No. _____ Savings Account No. _____

Financial Institution's Name _____

Financial Institution's Address _____

This cancellation is to remain in full force and effect until the COMPANY has received a completed Authorization for Direct Payment Authorization from me (or either one of us).

Account Holder(s) Full Name _____

Address _____

Date _____ Telephone No. _____

Billing Account No. _____

Account Holder(s) Signature _____

Detach below for your records

On (Date) _____ I CANCELLED authorization for (Company Name) _____, Address _____, Phone _____ to initiate electronic entries to my checking/savings account for payment of _____.