

## City of Terre Haute Automatic Bill Payment (ABP) Cancellation

Please provide the information below that applies to your Automatic Bill Payment cancellation request. Allow 30 days for the request to become effective, if you would like Automatic Bill Payment cancelled before 30 days from the time you mail the form please make your current balance forward payment by check, money order, or credit card before the due date. To fax your request send to 1-888-470-1902. The mailing address for cancellation is:

City of Terre Haute / Sewer Billing PO Box 21043 Tulsa, OK, 74121-1043

Notification must be received by mail or fax

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Please continue to pay your bill until your statement indicates the ABP option has started. Allow 4-6 weeks for processing.

Required Information to Process Your Request	
Name as it appears on your City of Terre Haute	10 Digit City of Terre Haute Sewer Account Number
10 Digit City of Terre Haute Sewer Premise Number	Email Address
Option 1: Checking or Savings Account Type □	Checking □ Savings (check one)
Name (exactly as it appears on financial institution records)	Name of Financial Institution
Routing Number (9 digit number at bottom of your check)	Checking or Savings Account Number
I authorize the financial institution named above to charge my active Haute. This authority will remain in effect until I give writterminate this authorization.	
Financial Account Holder Signature Date of Removal	Financial Account Holder Signature Date of Removal
Option 2: Credit Card Type □ Visa □ Ma	aster Card □ Discover □ American Express (check one)
Name (exactly as it appears on credit card)	Billing Address (exactly as it appears on credit card records)
Credit Card Account Number	Expiration Date
I am requesting that Automatic Bill Payment be cancelled from	my City of Terre Haute account on the date requested.
Credit Card Holder Signature	Date of Removal