

City of Byron

Relinquish Form for Direct Payment

I (we) relinquish the authorization given to the **City of Byron** to electronically debit my (our) account. Effective _____ I (we) would like to cancel all future withdrawals for all future water bills.

If customer is relinquishing authorization, please fill out this section

Customer Name: _____
(Please Print)

Customer Address: _____

Customer Signature(s): _____ Date: _____

If the company representative is removing the customer, please fill out this section

I (we) understand that this authorization will remain in effect until I (we) notify **City of Byron** in writing at least one week prior to the next settlement date.

Company Name: _____
(Please Print)

Company Address: _____

Authorizing Signature(s): _____
I certify that I am an authorized representative of the Company indicated above and that I have the authority to enter into this Agreement on the Company's behalf.

Date: _____