

**Mineral Wells Public Service District**  
**Cancellation of Automatic Payment Option**

I hereby request that Mineral Wells Public Service District cease future entries to my checking or savings account. I understand that beginning immediately I will be responsible for delivering my water and sewer bill payments directly to Mineral Wells Public Service District by mail or in person no later than the latest pay date listed on my bill.

CUSTOMER NAME (PLEASE PRINT): \_\_\_\_\_

CUSTOMER SERVICE ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_