

**VILLAGE OF PAW PAW  
AUTOMATIC BILL PAYMENT PLAN  
CANCELLATION FORM**

Date: \_\_\_\_\_

To: Village of Paw Paw  
Attn: Billing Department  
PO Box 179  
Paw Paw, MI 49079

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Please accept this memo as authorization to discontinue my automatic bill payment plan. I understand that my withdrawal from the automatic bill payment plan shall become effective with the billing due date following the receipt of this form by the Village of Paw Paw Billing Department.

Name: \_\_\_\_\_ (Please Print)

Utility Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date