

Lake Delton Utility Department
DIRECT PAYMENT CANCELLATION FOR AUTOMATIC DEBIT

I (we) hereby cancel the authorization to the Lake Delton Utility Department, to debit my account as of the signed date below.

Name on the Utility Account: _____

Utility Account #001-_____ - 00

NAME(s): _____ **Title if Business:** _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ **DATE:** _____ / _____ / _____

Please allow thirty days to process this request.

Please mail this form to: Lake Delton Utility Department
 P.O. Box 87
 Lake Delton, WI 53940-0087

Email to ldutility@lakedeltonwi.gov or
Fax to 608-254-7785