



Return completed form to:
City of Albany Utility Billing
333 Broadalbin Street SW
PO Box 945
Albany OR 97321
541-917-7547

Utility Billing Direct Debit Cancellation

Account Number: _____

Customer Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Cell Phone #: (_____) _____ Email Address: _____

The City of Albany needs a signed request to cancel Direct Debit. Your Direct Debit will continue until we receive your written request.

Please cancel my Direct Debit effective on _____.

Authorized Signature: _____ Date: _____

This request must be delivered to Albany Utility Billing at least five business days prior to the desired effective date.