



City of
Los Banos
At the Crossroads of California

Automatic Bill Pay Cancellation Form

Complete the form below and mail or drop off at:

City of Los Banos
Attention: AutoPay
520 J Street
Los Banos, CA 93635

**Cancellation request must be at least 10 days prior to due date.
If less than 10 days request will be for the next billing due date.**

Customer Information

Name _____ Phone # _____

Service Address _____

Utility Account # _____

Start Date for Cancellation* _____

*** if less than 10 days prior to current due date, start date must be for the next billing due date or later.**

I authorize the City of Los Banos to cancel the ACH Autopay Program for the account listed above.

Signature _____

Date _____

Date Rcv'd: _____

Date Entered: _____

Completed By: _____