

**Automatic Utility Bill Payment Plan Discontinuation Form
City of Perryville – 215 N West St., Perryville, MO 63775**

Your name as it appears on the bill

Daytime phone number

Service Address:

Your account number (shown on bill)

I (we) hereby request that the City of Perryville discontinue debit entries on my account(s).

Signed: _____

Date: _____