



City of Tawas City
Automatic Bill Payment Program
CANCELLATION REQUEST FORM

Please fill out one Cancellation Request Form for each customer account.

Cancel the following Automatic Bill Payment Program(s):
(Check all that apply)

- Cancel Summer Tax Automatic Payment Program
- Cancel Winter Tax Automatic Payment Program
- Cancel Water/Sewer/Garbage Bill Automatic Payment Program

Please print clearly and complete all fields below:

Name (as shown on your bill): _____

Phone: _____

Property/Service Address: _____

Mailing Address: _____

Property/Account Number(s):

Additional information regarding your account number: Tax Payment Programs – Use your Parcel ID Number
Water Payment Programs – Use your Account Number

Important Information:

All Cancellation Request Forms **must be received** by Tawas City Hall ***10 days prior to the next scheduled withdraw date.***

Authorized Account Holder's Signature: _____ **Date:** _____

Mail Completed Cancellation Request Forms to:

City of Tawas City
550 West Lake Street | PO Box 568
Tawas City, MI 48764

If you have any questions, please contact City Hall at (989) 362-8688 or info@tawascity.org.