



Finance Department

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REQUEST TO **STOP** DIRECT/AUTO PAYMENTS FROM MY BANK/CREDIT CARD ACCOUNT TO CITY OF BISBEE

I(we) hereby authorize the CITY OF BISBEE to terminate direct/auto payment(s) from my bank/credit card account(s) on date and account(s) as indicated below.

Please take the last direct payment from my account for payment due

Date (choose from list below): _____

City account number: _____

Account Address: _____

Daytime Phone number: _____

Signature: _____ Date: _____

PRINTED NAME: _____

Due date (*unless the due dates fall on a weekend, then the next business day), Circle One:

Jan 27, 2025 (for Dec. service)

Jul 25, 2025 (for June service)

Feb 25, 2025 (for Jan. service)

Aug 25, 2025 (for July service)

Mar 25, 2025 (for Feb. service)

Sep 25, 2025 (for Aug. service)

Apr 28, 2025 (for Mar. service)

Oct 27, 2020 (for Sept. service)

May 26, 2025 (for Apr. service)

Nov 25, 2025 (for Oct. service)

Jun 25, 2025 (for May service)

Dec 25, 2025 (for Nov. service)

City Employee Name: _____ Date: _____