



PETERSBURG BOROUGH

REQUEST FOR DISCONTINUING CREDIT CARD AUTOPAY

Please complete the following information request:

UTILITY ACCOUNT NUMBER(S) _____

VISA / MASTERCARD NUMBER _____

EXP DATE _____

CARD HOLDER NAME _____

BILLING ADDRESS _____

UTILITY ADDRESS _____

PHONE NUMBER _____

EFFECTIVE DATE _____

PLEASE NOTE:

1. By signing this form, you are giving the Petersburg Borough authorization to discontinue auto-pay on the above utility account(s).
2. If request is after the 10th of the month, auto-pay will be discontinued the following month.

SIGNATURE _____ DATE _____