

Please cancel my Village of Colfax Utility direct Payment Plan. I am no longer interested in having my utility payment collected electronically from my bank account. I understand that by cancelling, I am responsible for payment via another form for any future billings that are my responsibility.

Name:	Utility Bill Account #:
Telephone #:	_Service Address:
Authorized Signature for Cancellation:	Date:

Return this form to: Village of Colfax, 613 Main Street, PO Box 417, Colfax, WI 54730.