

CANCELLATION OF AUTOMATIC BILL PAYMENT AND/OR BUDGET BILLING



Note: Use the "tab" key or the mouse to move through the form.

Please complete all the information below and include your signature for authorization.

Utility Account Number(s): _____

Name: _____

Service Address(s): _____

City: _____

Phone: _____

Email: _____

I, _____, hereby request Orrville Utilities discontinue automatically deducting my monthly utility bill for the above address.

I, _____, hereby request Orrville Utilities discontinue budget billing for my monthly utility bill for the above address.

Signature: _____

Date: _____

Please return this form by mail, email, or use our drop box located at 125 W Water St.

*Utility Billing Office
P O Box 107
Orrville OH 44667
330-684-5020, option #3*

Email: cashier@orrutilities.com