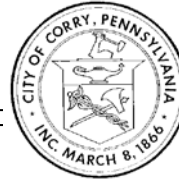


City of Corry



100 SOUTH CENTER STREET
CORY, PENNSYLVANIA 16407-1993
PHONE 814 663-7041
FAX 814 664-4912
EMAIL utilities@corrypa.gov

Auto Pay Cancelation Form

I am requesting that the Auto Pay agreement be cancelled for payments to my water, sewer, refuse account effective (date) _____. **Cancelation form must be received one week prior to any scheduled payment.**

I understand that it is my responsibility to make any future payments to my account.

Please return completed form to City of Corry, 100 S Center St, Corry, PA 16407.

Name _____ Water/Sewer/Refuse Acct # _____

Address _____ Phone # _____

Email address: _____

Date _____ Signed _____