

# CITY OF FRUITLAND

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**CANCEL**  
**DIRECT PAY**  
**AND/OR**  
**LEVEL PAY**

## CUSTOMER INFORMATION

**Customer Name:**

**Utility Account Number:**

**Service Address:**

**Mailing Address: (if different)**

**Home Phone:**

**Cell Phone:**

**Email Address:**

**Select one:**

I hereby request and authorize the City of Fruitland's Utility Billing Department to cancel my Direct Pay upon receipt of this written request. If I choose to use the Direct Pay service with the City of Fruitland in the future, I understand that a new application form will have to be submitted along with a new voided check. I further understand that I will be responsible for paying all balances due by making payment to the City of Fruitland.

**Cancel Direct Pay ONLY**

I understand if I choose to cancel the Level Pay program my bill will no longer be averaged and I will be required to pay my bill in full upon cancellation.

**Cancel Level Pay ONLY**

**Cancel BOTH Direct Pay and Level Pay**

**Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_