

**BUTTE-SILVER BOW WATER UTILITY DIVISION
DEPARTMENT OF PUBLIC WORKS
P. O. BOX 667
BUTTE, MT 59703-0667
406-497-6500**

ACCOUNT NUMBER _____

SERVICE ADDRESS _____

Effective _____ **please cancel the automatic debit to my
account for the payment of water services.**

Financial Institution

Branch

Account #

Routing Number

Type of Account

Customer Name

Customer Signature

We must receive this document _____ **days prior to payment due date.**