



Average Monthly Payment Plan Removal

Photo ID required

Please complete all required information below

*Customer Account #: _____

*First Name: _____

*Last Name: _____

*Address: _____

*Apt/Unit #: _____

*Phone: _____

*Email: _____

I understand that if I remove myself from **the Average Monthly Payment Plan**, I must wait at least 12 months before I can enroll again for the same service address.

I authorize **City of Bethany** to cancel the **Average Monthly Payment Plan** on my utility account.

I confirm that I am authorized to make changes to this account.

I understand that once the plan is removed, my total account balance will become due immediately.

Signature: _____ Date: _____

For Office Use Only:

_____ Account has been removed from AMP