

**Discontinuation of Sure-Pay  
Water Billing Office  
City of Rapid City  
300 6<sup>th</sup> Street  
Rapid City, SD 57701**

Account Number \_\_\_\_\_

Service Address \_\_\_\_\_

I, \_\_\_\_\_ (please print) hereby request that my automatic withdrawal (Sure-Pay) be stopped as of \_\_\_\_\_.

Signature of Utility Account holder \_\_\_\_\_

Date \_\_\_\_\_

*Note: You may discontinue your Sure- Pay plan at anytime by completing this form; however, any request received after a bill has been initiated will NOT be able to be stopped from drafting.*