



PERMANENT SUSPENSION OF AUTOMATIC PAYMENT (ACH Payment)

<i>Account Number:</i>
<i>Customer Name (as listed on account):</i>
<i>Service Address:</i>
<i>Phone Number:</i>
<i>Bank Name:</i>
<i>Routing (ABA) Number:</i>
<i>Account Number:</i>

I, _____ further understand

- I understand permanent suspension of the automatic payment from my account must be given at least one week prior to the date of the withdrawal as described in Section One, Subsection F of Ordinance 31-2006.
- I further understand this request is a permanent suspension and I must re-apply for the ACH Payment service to participate at a later date.
- I further understand payment is expected by the due dated as prescribed on the monthly utility account statement; otherwise, I will be responsible for any and all penalties
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Signed: _____ Date _____

Approved: _____ Date _____