

Office Use Only

Bank #: _____

Utility Acct #: _____

Date Entered: _____

CITY OF LEWISTOWN ACH DEBIT TERMINATION

Customer Information:

Name on Utility Account: _____ Phone #: _____

Service Address: _____ Utility Account #: _____

Bank Information

Accountholder Name: _____

Bank Name: _____

Bank Address: _____

Bank Phone #: _____

As of _____, I no longer wish to have the City of Lewistown debit my bank account for the purpose of paying my City of Lewistown utility bill. I understand that I am responsible for providing accurate and current information on this form and that this termination will only be applied to the utility account listed above.

Utility Accountholder Signature

Date

Bank Accountholder Signature (*if different from above*)

Date