AUTHORIZATION TO TERMINATE ACH PAYMENTS

Name: _____
      (As it appears on utility bill)

Street: _____

_____
City, State, Zip.

Account Number on bill:_____

Bank Name: _____

Name as it appears on bank account: _____

Checking account number: _____

Routing number: _____

Please attach a deposit slip or voided check for verification.

I authorize City of Bedford Utilities to terminate collection for my monthly utility bill from the bank account listed above. ACH payment must be terminated up to five (5) working days before the due date.

Signature _____

Date: _____

CSR Initials: _____