

City of Perkins ACH Debit Termination

Office Use Only
Bank #: _____
Utility Acct #: _____
Date Entered: _____

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 Perkins debit my bank account for the purpose of paying my City of Perkins 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