

# CITY OF BLUE GRASS

## AUTHORIZATION FOR DISCONTINUANCE FOR ACH PAYMENTS

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

Account Name(s): \_\_\_\_\_

\_\_\_\_\_

Property Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

I (we), hereby authorize the City of Blue Grass to discontinue debiting my (our) checking or savings account effective \_\_\_\_\_ (date).

The City of Blue Grass will discontinue the ACH debit effective: \_\_\_\_\_

NOTE: IF A RESIDENT REQUESTS TO DISCONTINUE THEIR ACH DEBIT BETWEEN THE 22<sup>ND</sup> DAY OF THE MONTH THROUGH THE 15<sup>TH</sup> DAY OF THE FOLLOWING MONTH, THE ACH PAYMENT CANNOT BE DISCONTINUED. IF A RESIDENT WISHES TO DISCONTINUE THEIR ACH DEBIT BETWEEN THE 16<sup>TH</sup> DAY OF THE MONTH THROUGH THE 21<sup>ST</sup> DAY OF THE MONTH, THE ACH DEBIT WILL BE DISCONTINUED IMMEDIATELY.

SIGNATURE(S) OF NAME(S) LISTED ON ABOVE BANK ACCOUNT:

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_