

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

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

DATE: _____