

City of Mt. Washington

Authorization to Stop ACH Program

Date\_\_\_\_\_

Name of Account Holder\_\_\_\_\_

Customer Utility Account#\_\_\_\_\_

I hereby authorize the City of Mt. Washington Water and Sewer Company to stop the ACH program for payment of water and sewer service from my checking account effective the following date\_\_\_\_\_.

Bank Name\_\_\_\_\_

Bank Acct. #\_\_\_\_\_

Signature\_\_\_\_\_

Print Signature\_\_\_\_\_