

Town of DeMotte

Direct Debit Cancellation Form

I (we) request the Town of DeMotte Utilities to cancel my (our) Automatic Bank Payment Service. I (we) understand that an ACH transmission can be sent up to 7 days before my due date and that it is possible that this may not take effect until my next billing cycle.

Name on Account (PLEASE PRINT CLEARLY)

Signature

Address on Account

Town of DeMotte Utilities Account Number

Date Signed

Customer's Bank

Reason for Cancellation:

Changed Banks
Moving out of town
Service not working out

Other: _____