

CITY OF BLANCHARD

TERMINATION OF AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENTS (ACH DEBITS)
FOR UTILITY ACCOUNTS

I hereby authorize the City of Blanchard to terminate my direct ACH payments as indicated below:

Utility account number: _____ Effective Date: _____

Utility address for the account: _____

Name (printed): _____

Mailing address (if different from utility address): _____

Signature: _____ Date: _____