

DIRECT DEBIT CANCELLATION FORM

I (we) request that the Valparaiso City Utilities cancel my (our) Automatic Bank Payment Service. I 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 of Account (PLEASE PRINT CLEARLY)

Signature

Address of Account

Valparaiso City Utilities Account Number

Date Signed

Customer's Bank

Reason for Cancellation:

Changed Banks

Moving out of town

Service not working out

Other: _____