AUTHORIZATION AGREEMENT FOR AUTOMATED ACH (TERMINATION)

I hereby notify the CITY OF BARTLESVILLE to terminate my authorization agreement covering a debit to my checking account for the utility bill payment. Please be advised that I no longer will allow my financial institute to accept the entries and personally indemnify them from any and all liability associated with the return of future entries processes by the CITY OF BARTLESVILLE to my account.

Customer Name: _____

Service Address: _____

Utility Account #: _____

Financial Institution Name: _____

City: _____ State: _____ Zip:_____

Transit/ABA#:_____ Bank Account#: _____

Signed: _____ Date: _____

COMPLETED TERMINATION AGREEMENT MUST BE RECEIVED BY UTILITY BILLING OFFICE 10 DAYS BEFORE THE NEXT ACH DEBIT IS SCHEDULED TO BE PROCESSED.