



STOP DIRECT DEBIT UTILITY BILLING AUTHORIZATION

I, _____
(PRINT FIRST NAME) (PRINT LAST NAME)

as the property owner, understand that I must give Thomas Township ten (10) business days prior notice to the due date to cancel the scheduled **water bill payment**.

Please cancel the automatic payment agreement and discontinue the automatic payment effective on _____ from my financial institution, _____
(DATE) (BANK OR FINANCIAL INSTITUTION)

Routing Number: _____ **Account Number:** _____

Account Type: Checking Savings

Property Address: _____

(OWNER SIGNATURE) (DATE)

(PHONE NUMBER)

PLEASE RETURN THIS FORM WITH A COPY OF YOUR PHOTO I.D.