

**ACH CANCELLATION REQUEST**

acct. # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

CURRENT BANK: \_\_\_\_\_

*I give the Town of White Pine permission to cancel by ACH debit  
for Utility Services: \_\_\_\_\_*

Date signed: \_\_\_\_\_

*\*\* if the request is on or after the 16<sup>th</sup> of the month, the current  
Bank account will be charged the full amount of the utility bill\*\**