



CANCEL DEBIT AUTHORIZATION

I (we) hereby authorize the City of Pikeville, hereinafter called COMPANY, to initiate the cease and desist debit entries and allow adjustments for any debit entries in error to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION. The debit will not stop on such account if it is within 5 days of the due date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION

BRANCH

ADDRESS

CITY / STATE

ZIP

ROUTING NUMBER

ACCOUNT NUMBER

Type of Account: CHECKING

SAVINGS

This authority is to remain in full force and effect until COMPANY has received written notification from me (or us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PRINT INDIVIDUAL NAME

SIGNATURE

UTILITY ACCOUNT NUMBER OR DRIVER'S LICENSE NUMBER

DATE

Print Form

*Download Form
Email to:
PikevilleUtility@Bledsoe.net*