

DISCONTINUE ACH PAYMENT WITHDRAWALS

I, _____ wish to **discontinue** having my utility payments for City of Nicholasville Utility Account # _____, with the service address of _____, withdrawn automatically from my bank account.

This is effective immediately, **unless it is between the 4th and the 10th of the month.** If it is between these dates of the month, I understand that the file has already been submitted for the current month and I am responsible for the money being available on the 9th withdrawal date and service charges or fees will be waived due to the payment being returned for any reason.

CUSTOMER SIGNATURE

CUSTOMER SERVICE REPRESENTATIVE

DATE RECEIVED IN PERSON

customer received copy of discontinuance

ents,

rd no

SIGNATURE