



City of State Center

118 E Main St, PO Box 668

State Center, IA 50247

ACH WITHDRAWAL CHANGE/CANCELLATION FORM

PLEASE NOTE: In order for the cancellation or change of the ACH debit to take effect, the City of State Center needs to be notified by the 10th of the month.

Name: _____

Address: _____

Phone Number: _____

Utility Account # _____

I would like to **cancel** the monthly automatic withdrawals for my utility payment. I submit this form as written notification of my termination for the City of State Center's authorization to debit my account.

Signature _____ **Date** _____

I would like to **change** the bank account/routing number from which the City of State Center withdraws my monthly utility bill.

Financial Institution: _____

Routing Number: _____

Account Number: _____

Signature _____ **Date** _____

Staff signature: _____ **Date** _____