

# *City of Hurricane*

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Utility Department

147 North 870 West

Hurricane UT 84737

(435) 635-2811 x4

(435) 635-4284 fax

## **Utility ACH (Direct Payment) Cancellation Form**

Customer Name: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

I/we, the utility account customer named above, request that automatic direct payments (ACH) of the monthly Hurricane City utility billing be cancelled effective the date listed above. I/we understand that I/we will be responsible for ensuring utility payments are made by another means each month. *\*Minimum of seven (7) days prior notice required to cancel automatic payment for the current billing*

Customer Signature: \_\_\_\_\_

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