

CITY OF PLYMOUTH
124 N. Michigan Street
P.O. Box 492
Plymouth, IN 46563

AUTOMATIC PAYMENT SERVICE (APS) AUTHORIZATION AGREEMENT

I respectfully request the City of Plymouth to terminate these automatic transactions from my account listed below.

City of Plymouth Utility Account Number: _____

Name: _____

Address: _____

Telephone Number: _____

Name as shown on financial institution records:

Financial Institution Name: _____ Telephone # _____

Transit/ABA (Routing) Number: _____ Bank Account # _____

Account Type: Checking Savings

This cancellation is to begin on ____/____/____ (enter date) or in such manner as to afford the City of Plymouth a reasonable opportunity to act on it.

Signed: _____

Printed Name: _____ Date: _____