

TERMINATION BANK DRAFT AUTHORIZATION FORM City of Monroe Utilities Dept.

City of Monroe	Utility	Account#				
Name:						
	Last			First		
Service Address	s:	St	0	Ci a Nama		
		Street #	&	Street Name		
	City		0	GEORGIA State	Zip	

I authorize the City of Monroe to STOP debiting my bank account, as noted, to cover my monthly utility bills & charges each month. I understand my account will not be automatically debited on the due date of my bill each month and I will be responsible for all future payments.

Customer's Signature

Date

For office use: Change made ______(CSR initials)