



Request to Terminate ACH Payments

I wish to terminate ACH payments for the following:

Utility bill payments	Account (s) # _____
Property tax bill payments	Parcel (s) # _____
Other	(please describe) _____

By signing this form I am terminating the City of Springfield's auhtorization to withdraw ACH payments for the above item(s) effective date: _____

Signature: _____

Date: _____