LAGRANGE UTILTY ACH REVOCATION AUTHORIZATION

RETURN THIS COMPLETED APPLICATION, TO LAGRANGE UTILITIES.

NAME ON UTILITY ACCOUNT_____

UTILITY ACCOUNT NUMBER_____

SERVICE ADDRESS_____

CITY, STATE, ZIP_____

PHONE_____

FINANCIAL INSTITUTION_____

NAME ON BANK ACCOUNT_____

LAST FOUR (4) DIGITS OF BANK ACCOUNT NUMBER_____

ROUTING NUMBER_____

PLEASE TERMINATE THE PREAUTHORIZED DEBIT TO MY BANK ACCOUNT EFFECTIVE

_____.

***PLEASE NOTE THAT AUTO PAY ACCOUNTS MUST BE PROCESSED 2 BUSINESS DAYS BEFORE THE DUE DATE PRINTED ON THE BILL. IF AUTO PAYS HAVE ALREADY BEEN PROCESSED, THE REVOCATION WILL TAKE EFFECT ON THE NEXT BILLING CYCLE.**

I UNDERSTAND THAT WITH THIS REVOCATION, LAGRANGE UTILITIES WILL NO LONGER SEND PAYMENT REQUESTS TO MY FINANCIAL INSTITUTION FOR AUTOMATIC WITHDRAWAL. I ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR MAKING MY OWN MONTHLY PAYMENT DUE BY CASH, CHECK, MONEY ORDER, OR ONLINE PAYMENT BY THE DUE DATE. I ALSO UNDERSTAND THAT THE VILLAGE OF LAGRANGE AND LAGRANGE UTILITIES IS NOT RESPONSIBLE FOR PAYMENTS NOT MADE ON TIME DUE TO THE CANCELLATION OF AUTOMATIC WITHDRAWAL AND WILL NOT BE HELD RESPONSIBLE FOR ANY LATE FEES ASSESSED TO THE ACCOUNT OR ANY SHUT-OFFS DUE TO NON-PAYMENT.

SIGNATURE_____ DATE_____

PRINT NAME_____