

CITY OF HARDIN  
WATER/SEWER UTILITIES  
406 N CHEYENNE AVE  
HARDIN MT 59034  
406-665-9291

## REQUEST TO TERMINATE ACH TRANSACTION

ACCOUNT NUMBER \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

Effective \_\_\_\_\_ please cancel the automatic debit to my account for the payment of water/sewer services.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Account#

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Type of Account

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

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

**We must receive this document 14 days prior to payment due date.**