STOP/TERMINATE
DEBIT AUTHORIZATION

I (we) hereby request Blountville Utility District of Sullivan County, hereinafter called Company, to **Stop/terminate** debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and when applicable the *NACHA Operating Rules and Guidelines.*

Effective Next Billing Cycle

_____ _____ _____
Routing Number Account Number Name of Bank

_____
Address

_____
City/State/Zip

(_____) _____
Phone Number

_____
Print or Type Individual Name

_____ _____
Signature Date

UTILITY' USE ONLY

Customer's Utility Account #_____

Date received: _____ By: _____