



ACH Cancellation Form

I wish to cancel the automatic withdrawal from my bank account for all Benton Charter Township utilities.

Account Holder Name: _____

Service Address: _____

Telephone Number: _____

Signature: _____

Date: _____

The cancellation form must be received by Benton Charter Township one (1) week prior to the bill due date to be effective immediately. If it is received less than one week prior to the bill due date, the draft will occur as scheduled and the cancellation will take effect the next billing cycle.

BENTON CHARTER TOWNSHIP USE ONLY
Date Received: _____
<input type="checkbox"/> ACH was cancelled and account information was removed.
Date Entered: _____
EE Signature: _____