



Complete and return to:

City Collector
101 Court Street
Jackson, MO 63755-1807

Or
Complete, print, sign, scan, and e-mail to
utilities@jacksonmo.org.

TERMINATION OF AUTOMATIC WITHDRAWAL FOR UTILITY BILL PAYMENT

Date: _____

Utility Account(s): _____

Name: _____ Phone: _____

Address: _____

I, _____, wish to terminate automatic payment processing of my utility bill(s) through my bank account. I understand that as of the above date, it shall be my responsibility to have the utility bill paid in full by the due date.

Account Holder's Signature

City Representative's Signature and Date Received