



City of Jackson

CAPE GIRARDEAU COUNTY SEAT

TERMINATION OF AUTOMATIC WITHDRAWAL FOR UTILITY BILL PAYMENT

Date: _____

Account Number(s): _____

Name: _____ **Phone:** _____

Address: _____

I, _____, wish to terminate automatic payment processing of my utility bill 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