



**CITY OF MELFORT
PRE-AUTHORIZED PAYMENT PLAN
(Utility Account)
BANK ACCOUNT CHANGE FORM**

NAME: _____

UTILITY ACCT #: _____ - _____ - _____

CIVIC ADDRESS: _____

NEW BANK INFORMATION:

BANK NUMBER: _____

TRANSIT NUMBER: _____

ACCOUNT NUMBER: _____

EFFECTIVE DATE: _____

THIS FORM STATES THAT I/WE WISH TO CHANGE THE BANK ACCOUNT MY/OUR MONTHLY UTILITY PAYMENT IS WITHDRAWN FROM.

(SIGNATURE)

(SIGNATURE)

(DATE)