



**CITY OF MELFORT
PRE-AUTHORIZED PAYMENT PLAN
(Utility Account)
WITHDRAWAL FORM**

NAME: _____

UTILITY ACCT. #: _____ - _____ - _____

CIVIC ADDRESS: _____

EFFECTIVE DATE: _____

THIS FORM STATES THAT I/WE WISH TO BE REMOVED FROM THE CITY OF MELFORT'S PRE-AUTHORIZED PAYMENT PLAN. I/WE UNDERSTAND THAT ANY UNPAID UTILITY AMOUNTS ARE NOW SUBJECT TO THE CITY OF MELFORT'S PENALTY RATES.

(SIGNATURE) (SIGNATURE)

(DATE)