



# CITY OF LEOTI

Council Meeting  
1<sup>st</sup> & 3<sup>rd</sup> Monday – 7:00 p.m.

## CANCELLATION OF AUTHORIZATION TO DEBIT ACCOUNT

<b>Name:</b>					
<b>Mailing Address:</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>City Account Number(s)</b>					

### CANCELLATION

Customer or City may cancel this authorization to debit account at any time by delivering a written notice to the other party. In the event Customer desires to cancel this authorization, Customer shall provide City with a written notice at least five (5) days prior to the next billing cycle, which is the first of each month.

The undersigned Customer hereby cancels this Authorization

<b>Signature:</b>	<b>Date:</b>
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