

**City of Elk Grove
EFT Account Cancel/Change Form**

Utility Account #: _____ - _____ **Phone #:** (____) _____

Name on Account: _____

Service Address: _____

Please check one of the following:

___ Please *cancel* my EFT service with the City of Elk Grove. (This will take 6-8 weeks to process and you may incur another draft from your account)

___ Please *change* my current EFT service with the City of Elk Grove to the new account information below. (This will take 6-8 weeks to process)

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (EFT DEBITS)

I (WE) hereby authorize the City of Elk Grove, hereinafter called CITY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking indicated below and the depository named below, hereinafter called BANK, to credit and/or debit the same to such account.

Bank Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Transit/ABA NO. _____

Account Number: _____ **Utility Acct. #** _____ - _____

This authority is to remain in full force and effect until CITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and BANK a reasonable opportunity to act on it.

Name(s): _____

(Please Print)

Date: _____ **Phone Number:** _____

Signed: _____

Signed: _____

**Mail to: City of Elk Grove-Utility Billing EFT
8401 Laguna Palms Way
Elk Grove, CA 95758**