TEMPORARY SUSPENSION OF AUTOMATIC PAYMENT (ACH Payment)

☐ Customer Request
☐ Request because of an erroneously large monthly balance due to equipment failure

Account Number:
Customer Name (as listed on account):
Service Address:
Bank Name:
Routing (ABA) Number:
Account Number:

I, _____ further understand

- I understand temporary suspension of the automatic payment from my account must be given at least one week prior to the date of the withdrawal as described in Section One, Subsection E of Ordinance 31-2006.
- I further understand that I may only request at most two temporary suspensions of automatic payment within a twelve month calendar year. This restriction; however, does not apply to erroneous large payments do to an equipment failure and the customer is expected to apply for an adjustment with the City of Brazil Utilities.
- I further understand payment is expected by the due dated as prescribed on the monthly utility account statement; otherwise, I will be responsible for any and all penalties
- This suspension is only good for one month. ACH Payments will automatically start on the eighth day of the following month of this request. Customers must apply each month for temporary suspension.

Signed:_____Date_____

Approved:_____Date_____

For Office Use Only

TEMPORARY SUSPENSION ONE	TEMPORARY SUSPENSION TWO
Service Month	*Service Month*
Date Submitted	*Date Submitted*