MILTON
VERMONT

TOWN OF MILTON
P. O. Box 18
43 Bombardier Rd
MILTON, VT 05468
(802) 893-4111

www.miltonvt.gov

DIRECT DEBIT TERMINATION REQUEST

UTILITY ACCOUNT ACH DEBIT

NAME: _____

UTILITY ACCOUNT NUMBER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

EMAIL: _____ PHONE: _____

NAME ON ACCOUNT: _____

NAME OF FINANCIAL INSTITUTION: _____

ROUTING/ABA NUMBER: _____

ACCOUNT NUMBER: _____

I hereby request the Town of Milton to **TERMINATE** the automatic payment of the amount due on my utility bill. I acknowledge that my utility bill will no longer be paid by direct debit from the above account. I further acknowledge any remaining balance beyond the due date will incur interest, penalties and/or fees as stated on the utility bill.

My signature below acknowledges my request to **TERMINATE** my Direct Debit Authorization Agreement. If at any point I wish to re-enter direct debit utility billing, I will re-submit a Direct Debit Authorization Agreement at least 15 days prior to the due date.

SIGNATURE: _____ DATE: _____

Please call (802) 893-4111 or email utility@miltonvt.gov with any questions

OFFICE USE:
Enrollment Received Date: _____
Enrollment Activation Date: _____
Enrollment Termination Date: _____