



City of South Haven Utilities Automatic Withdraw Change/Cancel Request

Name: _____

Utility Account Number: _____

Service Address: _____

Phone Number: _____

Please Cancel
 Change my automatic withdraw effective _____

New Bank Account Information (changes only) – *MUST INCLUDED VOIDED CHECK*

Routing #: _____ Account #: _____

Bank Name: _____ Account Type: Checking Savings

I authorize the City of South Haven to make changes to the automatic payment of my utility bill. I understand that all changes must be made at least three business days before the due date. I understand that if I signed up for automatic withdraw instead of paying a deposit, I must continue my automatic withdraw for one year from the date the account started or the security deposit will be required. Finally, I understand that the City of South Haven requires its customers to maintain good credit on their utility accounts and that if at any time in a 12-month period I have more than one penalty on my account a security deposit will be required.

Signature

Date

Please tape voided check in the area below or attach a copy of a bank statement

Return completed form to:
By Mail: City of South Haven, 539 Phoenix Street, South Haven, MI 49090
By Fax: (269) 637-5319 By Email: customerservice@south-haven.com
Call (269) 637-0700 if you have any questions.