



CITY OF YREKA  
701 FOURTH ST  
YREKA, CA 96097  
530 / 841-2386

## REQUEST FOR TERMINATION OF AUTOMATIC PAYMENT

I hereby request the City of Yreka to terminate the payment authorization order made by me for automatic payments to be taken out of my checking account each month for payment of monthly charges for the utility account described below. I understand that the City shall have up to 60 days from the date of this request to act upon the notice.

**UTILITY INFORMATION:**

Account #



Account Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

YREKA, CA 96097

Complete mailing address if different from above or includes address change.

CHECK THIS BOX  
IF THIS IS AN    
ADDRESS CHANGE.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_