



DISCONTINUE ACH

City of Aberdeen – 200 E. Market St. – Aberdeen, WA 98550

UTILITY BILLING – (360)537-3210

Email Discontinue ACH Form to: jlspringer@aberdeenwa.gov



Please **DISCONTINUE ACH** for the above address:

Account #

Date to Discontinue

Name on Account (Please Print)

Mailing Address

City _____ **State** _____ **Zip Code** _____

Phone Number

Signature _____ **Date Signed** _____

OWNER STATEMENT:

1) I certify that I am the account holder of the property and agree to pay all the fees and charges for the services occurred after removal from ACH in accordance with TITLE 13 AMC. Any unpaid charges will become a lien against the property and the city reserves the right to turn off and refuse services until all charges have been paid.

2) **To discontinue service, please fill out a DISCONTINUE SERVICES FORM, this form will only cancel automatic payments and not the service.**

3) I understand that I am responsible to make payments by other means to keep my account in good standing.