



Authorization Form for Cancellation of City Automatic Payment Plan

Customer or Account number: _____ **Contact Phone Number:** _____

Name: _____ **Property address:** _____

By signing below I am authorizing the City of New Hope Finance Department to cancel the automatic withdraw plan (ACH) immediately on my utility account that is drawn from my bank account on the 16th of every month. **This form must be turned in at least five (5) days prior to the 16th.**

Signature: _____ **Date:** _____

****Submit this form by mail, in person, fax, or email.****
Utility Billing~5500 International Pkwy ~New Hope, MN 55428-3606
Fax number: 763-592-6776
Email: utilitybilling@ci.new-hope.mn.us

Please call Utility Billing if you have any questions (763) 592-6760