



**CITY OF HAMMOND**

UTILITY BILLING DEPARTMENT

P.O. BOX 2788 Hammond, LA 70404-2788

Phone 985-277-5615 Fax 985-277-5613

[www.hammond.org](http://www.hammond.org)

## AUTOMATIC BANK DRAFT TERMINATION AGREEMENT

**UTILITY ACCOUNT INFORMATION:**

NAME ON UTILITY: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**CHECKING ACCOUNT INFORMATION:**

BANK NAME: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

**\*\* IMPORTANT NOTICE\*\***

This form must be submitted no less than (7) seven business days prior to the date the payment is due.

I hereby authorize the City of Hammond to discontinue withdrawals from my account at the financial institution named herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date