



City of McCall  
216 E Park Street  
McCall, ID 83638

Telephone: 208-634-4803

### REQUEST FOR AUTOMATIC PAYMENT INACTIVATION

Date: \_\_\_\_\_ Owner Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number(s): home \_\_\_\_\_ cell \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

Date of Requested Inactivation: \_\_\_\_\_

Bank's Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**This form must be completed, signed and returned to the City of McCall's Utility Billing Specialist, not less than five (5) working days prior to the last working day of the month you wish to have the automatic payment inactivated.**

I agree to pay the \$20.00 fee imposed by the City of McCall should the form not arrive in time and the payment is withdrawn and creates NSF or closed account charges.

**To avoid an NSF charge of \$20 form MUST be received not less than five (5) working days prior to the last working day of the month you wish to have the withdrawal stopped.**

I have read and agree to the terms of this application

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

-----For Office Use Only-----

Rec'd by: \_\_\_\_\_

Date: \_\_\_\_\_

Performed by: \_\_\_\_\_

Date \_\_\_\_\_