City of McCall
FINANCE
www.mccall.id.us

216 East Park Street
McCall, Idaho 83638

Phone 208-634-7142
Fax 208-634-4493

REQUEST FOR AUTOMATIC PAYMENT INACTIVATION

Date: _____ Owner Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number(s): home _____ cell_____

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I agree to pay the $20.00 fee imposed by the City of McCall should the form not arrive in time and the payment is withdrawn and creates NSF or closed account charges.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

Revised: 05/18