

TERMINATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name BEAR CREEK SPECIAL UTILITY DISTRICT Company ID Number _____

I (we) hereby request that BEAR CREEK SPECIAL UTILITY DISTRICT, hereinafter called COMPANY, to cancel debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Name(s) _____ ID Number _____
(Please Print)

Date _____ Signature _____