

**CITY OF COLD SPRING  
REQUEST TO DISCONTINUE ACH DIRECT PAYMENT  
WITHDRAWAL**

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

Name: \_\_\_\_\_

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

Service Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

I hereby request the City of Cold Spring to discontinue automatic electronic debits to my checking/savings account.

Signature: \_\_\_\_\_

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