



Request for Termination
of Payment for Utility Services
by Electronic Funds Transfer (EFT)
(Autopay Termination Form)

Customer Name:	Customer Address and/or Account Number:
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By submitting this form, I am informing the Layton City Utility Billing department of my request to discontinue EFT (Autopay) withdraws from my bank for purposes of paying my Layton City Utility bill as of the date indicated below.

Signature

Date