



Cancellation of Authorization for Withdrawals (ACH Debits)

Effective immediately, please cancel the direct debit from my bank account for City of Bridgman Water and Sewer bills.

Name: _____

Service Address: _____

Signature: _____

Date: ___ / ___ / _____

Note: Cancellation of this ACH Debit requires a minimum of 30 days notice.

9765 Maple Street / Bridgman MI 49106 tel
(269)465•5144 / fax (269)465•3701