



The Board Of Public Affairs

**AUTHORIZATION TO  
STOP  
AUTOMATIC PAYMENT PLAN**

CUSTOMERS NAME \_\_\_\_\_

I (we) hereby authorize Seville Board of Public Affairs, hereinafter called BOPA, to STOP debit entries to my (our) Checking account or Savings account from the financial institution indicated below.

Please check one of the following:      Checking Account.....# \_\_\_\_\_

   Savings Account.....# \_\_\_\_\_

Financial institution \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nine Digit Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Attach a voided check or a deposit ticket.

Make certain that this is the account you wish to stop payment from.

Name \_\_\_\_\_ Customer Account # \_\_\_\_\_

Please Print

Address \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

Customer Signature