



**CITY OF HARRISONBURG
ACH / EFT CANCELLATION**

2155 Beery Rd
Harrisonburg, VA 22801
540-434-9959
540-434-9769 fax

Waterservice@harrisonburgva.gov

FOR INTERNAL OFFICE USE ONLY

Received / Input by: _____

Verified by: _____

Date: _____

I (we) hereby request the City of Harrisonburg, Virginia, hereinafter called City, and my (our) financial institution to cancel my (our) monthly utility (water, sewer, refuse and solid waste management collection) EFT / ACH automatic draft from my (our) checking or savings account.

CUSTOMER INFORMATION

Customer's Name: _____ Utility Account #: _____

Service Address: _____

Telephone Number: _____

Billing Address: _____

Email Address: _____

The City of Harrisonburg Public Utilities conducts business in accordance with the City Ordinance (Title 7-1-16); we retain the right to collect the remaining deposit if due prior to service continuation upon cancellation of ACH / EFT.

It is the customer's responsibility to assure they contact the City at least ten (10) business days prior to the requested cancellation date. The Utility Billing Department will make every effort to forward any information provided by your banking institution; however, we cannot guarantee advanced or delivered notice to avoid penalty or delinquencies.

This authorization will remain in effect until the City has received written notification from me (us) to activate or re-active a new checking or savings account for withdrawal.

By authority of this form, I accept full responsibility without justification for waiver.

Customer's Signature: _____ Date: _____