

ACH CANCELLATION

City of Harrisonburg, Virginia
Automatic Payment Cancellation

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) automatic draft from my (our) checking or savings account.

CUSTOMER INFORMATION

Customer's Name: _____ Utility Account #: _____

Service Address: _____

Telephone Number: _____

Billing Address: _____

Email Address: _____

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

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.

Customer's Signature: _____ Date: _____