



**CITY OF HARRISONBURG  
ACH / EFT CANCELLATION**

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

[Waterservice@harrisonburgva.gov](mailto: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) 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: \_\_\_\_\_