

DONEY PARK WATER
ACH CANCELLATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DPW ACCOUNT NUMBER: _____

By signing this form, I am authorizing Doney Park Water to cancel the automatic withdrawal of my water bill from my checking or savings account on the 15th of each month. I also understand, that this will take approximately 30 days to be effective and that my bill will reflect any current charges. I will be responsible for paying my water bill by check, cash, or money order by the 15th of each month. I also understand that if I would like to enroll in ACH again in the future, I will need to complete a new ACH Authorization.

Signature

Date

For Office Use Only

Entered by

Date