



CITY OF MONTEVALLO
WATER WORKS AND SEWER BOARD
BRAD DAVIS - Chairman
MICHAEL HARMON - Manager

ACH CANCELLATION LETTER

Date: _____

I am informing you of a change with regard to my automatic payment withdrawal regarding account number _____ which I am a signer.

Currently my payment is automatically withdrawn from my bank account number _____ held at _____.

The automatic payment withdrawals are made on the _____ day(s) of the month.

I hereby notify you of the **cancellation** of the authorization for the above referenced automatic payment withdrawals.

I understand that I need to give you at least two weeks' notice prior to the next scheduled transaction.

Therefore, I expect the last automatic payment withdrawal to be dated _____.

Thank you for your prompt attention to this request.

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Signature: _____