

City of Long Beach

Water Department

Direct Debit Cancellation Form

Customer Name: _____

Water Dept Account Number: _____

Street Address: _____

Telephone Number: _____

READ CAREFULLY: Until further notice, I hereby authorize the City of Long Beach Water Department to CANCEL my direct debit authorization from the financial institution and account number specified below. I UNDERSTAND THAT I AM SOLEY RESPONSIBLE FOR ANY OUTSTANDING PAYMENTS, LATE CHARGES AND FEES DUE AT THE TIME OF CANCELLATION AND THAT I AM SOLEY RESPONSIBLE TO MAKE PAYMENT THROUGH OTHER MEANS FOR FUTURE WATER / SEWER / GARBAGE BILLS, LATE CHARGES AND / OR FEES AS LONG AS I AM THE PERSON NAMED ON THIS ACCOUNT _____ (Initial)

Name of Financial Institution: _____

Routing Number: _____

Checking Account Number: _____

Savings Account Number: _____

Customer Signature: _____
(Do **NOT** sign without reading form)

Date: _____

Printed Name: _____

Witness: _____
(Must be an employee of the Long Beach Water Department)

Date: _____

FOR OFFICE USE ONLY:

Date Debit Authorization Cancelled: _____

By: _____
(Signature)