



WILLIAMSPORT MUNICIPAL WATER AUTHORITY
And
WILLIAMSPORT SANITARY AUTHORITY
253 WEST FOURTH STREET
WILLIAMSPORT, PA 17701
(570) 323-6148

Date _____

I/We, _____ are requesting that the WMWA-WSA
(Names on Account)

cancel our automatic payment by direct withdrawal from our checking or savings account for

account number: _____ at the location
(WMWA-WSA account number)

of: _____
(service address for which the automatic payment is to be canceled.)

Please make this change effective on _____ .
(date)

*****Please note we must receive this request at least 10 days before your billing cycle end date to stop automatic payments. Please verify cycle ending date first to be sure the automatic payment can be canceled in accordance with the date above.**

Thank you,

(Signature(s) Required)