



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

Auto Pay (ACH) Cancellation Form

Date _____

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

cancel the automatic payment by direct withdrawal from our checking or savings account number
 _____ from _____ for WMWA-WSA
 (Checking/savings account #) (Financial Institution)

account number _____ at the
 (account number)

location 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)

AUTHORITY USE ONLY

ACCOUNT NUMBER: _____ SERVICE NUMBER: _____

ENTERED BY: _____ DATE: _____

VERIFIED BY: _____ DATE: _____