



VVWD ACH CANCELLATION

Authorization Form for cancellation of Debit from Checking or Savings Account

I/We, hereby request that Virgin Valley Water District (VVWD) **cancel** the debits from my/our checking or savings account named below on the 10th day of each month. ***I/we understand that I/we must provide this notification of termination of direct withdraw to VVWD at least by the first day of the month that the termination is to take effect;*** therefore, allowing reasonable opportunity for VVWD to act on the request to terminate auto debits.

I/we understand my/our obligations under my/our existing contract including those provisions regarding the amount of the monthly payment, when payments are due, the applications of payment, the assessment of late charges or the determination of delinquencies, and termination/disconnect of service.

Name(s) on Account (Printed): _____

VVWD Account Number: _____ Date to go into Effect: _____

Address of Property: _____

Signature: _____ Date: _____

Co-Signature: _____ Phone # _____

Bank Name _____

A processing fee will be assessed if there are insufficient funds in your bank account; or your account has been closed without proper notification to VVWD.

Official Use Only

Deleted auto debit information from customer account

Processed by _____ Date _____

Verified by _____ Date _____