

# CITY OF LONG BEACH WATER DEPARTMENT

## DIRECT DEBIT CANCELLATION FORM

Customer Name: \_\_\_\_\_

Water Dept. Acct. # \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

***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 SOLELY RESPONSIBLE FOR ANY OUSTANDING PAYMENTS, LATE CHARGES AND FEES DUE AT THE TIME OF CANCELLATION AND THAT I AM SOLELY 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: \_\_\_\_\_

(check one)

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

\_\_\_\_\_  
Customer Signature (Do not sign without reading form) Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date: \_\_\_\_\_  
Witness (must be an employee of the Long Beach Water Department)

**FOR OFFICE USE ONLY:**

Date Debit Authorization Cancelled: \_\_\_\_\_ By: \_\_\_\_\_  
Signature