

PORT CLINTON WATER WORKS



**1868 East Perry Street
Port Clinton, OH 43452**

**Phone 419-734-5522
Fax 419-734-5278**

AUTHORIZATION FOR DISCONTINUATION OF AUTOMATED BILL PAYMENT

Please complete ALL Sections and return this form

**I authorize Port Clinton Water Works to
CANCEL my Automated Bill Payment**

**I UNDERSTAND THE FILE IS SENT TO THE BANK A MINIMUM OF THREE (3)
BUSINESS DAYS PRIOR TO THE 15TH**

**IF ACH FILE HAS BEEN SENT FOR CURRENT MONTH, TERMINATION WILL BE
APPLIED TO THE FOLLOWING MONTH**

(PLEASE PRINT)

Date of termination: _____

Phone: _____

Name (as shown on bill): _____

Service Address: _____

Account # as shown on Water Bill: _____

Signature: _____ **Date:** _____