

# City of Cleveland

## Electronic Funds Transfer (EFT) Cancellation

Account Information	
First Name	Last Name
Service Address	
Account #	

If bank account holder is different from utility account holder, please provide the bank account holder's information below.

Electronic Payment Information
Bank Name
Account #

\_\_\_\_\_  
Bank Account Holder Signature

\_\_\_\_\_  
Date

I request the City of Cleveland to cancel my previous authorization to deduct funds from my financial institution account to pay my utility bill with the City of Cleveland Water Department. I understand that once the automatic payment option is cancelled, I will be responsible for making my payments to the City of Cleveland by the due date of the billing statement.

\_\_\_\_\_  
Utility Account Holder Signature

\_\_\_\_\_  
Date

<u>For office use only:</u>	
Date Received: _____	Date of last EFT payment: _____
Date Processed: _____	Initial: _____