

City of Grosse Pointe Woods

DIRECT DEBIT CANCELLATION FORM

I (we) request that City of Grosse Pointe Woods utilities department cancel my (our) Automatic Direct Debit Payment Service. I understand that an ACH transmission can be sent up to seven (7) days before my due date and that it is possible that this may not take effect until my next billing cycle.

Name on Account (PLEASE PR	INT CLEARLY)	
Name of Cancelling Agent (If	Not Account Holder)	
Cignature		
<mark>Signature</mark>		
Address of Account		
City of Grosse Pointe Woods	Jtility Account #	
Date Signed		
Reason for cancellation:		
(Reason not required to cancel)	☐ Changed Banks ☐ Moving	
	☐ Service not working out	
	☐ Other	