



NOTICE OF CANCELLATION

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

City of Round Rock/221 EAST MAIN STREET/ROUND ROCK, TEXAS 78664
 PH# 512-218-5460 FAX# 512-218-5463

I (we) hereby cancel the authority of the City of Round Rock to initiate debit entries to my (our) account with the depository named below.

DEPOSITORY NAME (FINANCIAL INSTITUTION)	<input type="checkbox"/> BANK	<input type="checkbox"/> SAVINGS AND LOAN	CITY	STATE	ZIP
	<input type="checkbox"/> CREDIT UNION	<input type="checkbox"/> OTHER			
TRANSIT/ABA NUMBER	<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT	BANK ACCOUNT NUMBER		

This written notification of termination from me (or either of us) at the address listed above shall allow the City of Round Rock to act on this request within a reasonable time. **I understand that this action will become effective ONLY upon notification from the City of Round Rock stating the request has been completed.**

Terminations **MUST** be made in writing to the City of Round Rock Utility Department. The City must have sufficient time, usually one billing cycle or one month, to process the termination request. The customer is solely responsible for notifying the City of any changes in sufficient time to prevent returned items and/or late fees.

NAME(S)	UTILITY ACCOUNT NUMBER
ADDRESS	CITY STATE ZIP CODE TELEPHONE
SIGNATURE	DATE

FOR WATER BILLING DEPARTMENT USE ONLY

Entered date _____ Entered by _____

Terminated date _____ Verified by _____

Entered by _____

Verified by _____