

**Debit Cancellation**

**I (we) hereby authorize the Marysville Otisco Nabb Water Corporation to cancel debit entries to my (our) account indicated below and the financial institution named on the original enrollment form, hereinafter called Financial Institution. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.**

\_\_\_\_\_  
**(Print Individual Name)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Print Individual Account Number)**

\_\_\_\_\_  
**(Date)**

**NOTE: ALL CANCELLATIONS MUST BE RECEIVED BY THE 1<sup>ST</sup> DAY OF THE MONTH TO BE EFFECTIVE FOR THE NEXT BILLING CYCLE.**