

**CANCELLATION FORM FOR DIRECT PAYMENTS  
(ACH DEBITS)**

COMPANY NAME: ORANGE COUNTY W.C.I.D. #1

I (we) hereby authorize Orange County W.C.I.D. #1, hereinafter called Company, to cancel debit entries to my (our) [redacted] Checking Account / [redacted] Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called Depository, and to no longer debit such account. I (we) acknowledge that the cancellation of ACH transactions to my (our) account must comply with the provisions of the U.S. law. Upon cancellation of ACH debit transactions, I (we) agree to the collection and disconnection policies of said Company from this point forward.

Depository

Name [redacted] Branch [redacted]

City [redacted] State [redacted] Zip [redacted]

Routing No. [redacted] Account No. [redacted]

This authorization shall serve as notification that I (we) wish to **terminate** ACH debit services as of this [redacted] day of [redacted], [redacted]

**SERVICE ADDRESS:** [redacted]

**PHONE NUMBER:** [redacted]

CUSTOMER # [redacted] LOCATION # [redacted]

Name(s) on Account \_\_\_\_\_

Signature [redacted] Date [redacted]

**ACCOUNT WILL NO LONGER BE DEBITED AFTER THE ABOVE MENTIONED DATE.**