

**Debit Cancellation**

*I (We) hereby authorize the Rural Membership Water Corporations to cancel debit entries to my (our) account t 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 the U. S. Law.*

\_\_\_\_\_  
*(Name)*

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

\_\_\_\_\_  
*( RMWC Account Number)*

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

\_\_\_\_\_  
*(Service Address)*

*Note: All cancellations must be received by the 1<sup>st</sup> day of the month to be effective for the next billing cycle.*