

**Bay County Department of Water and Sewer**  
**3933 Patterson Road, Bay City, MI 48706**  
**989.684.3883**  
**Electronic Fund Transfer Cancellation Authorization**

I authorize the Bay County Department of Water and Sewer (DWS) to **cancel withdrawals from my account** at the financial institution named in this form for payment of my quarterly utility bill.

Water/sewer account number: \_\_\_\_\_  
**Please note if a sprinkler meter account should be removed from the program as well.**

Name on water/sewer account: \_\_\_\_\_

Service address: \_\_\_\_\_

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Signature of Authorized Bank Account Holder Date

\_\_\_\_\_  
Print Authorized Bank Account Holder Name

**Bank account from which to CANCEL payment:**

Checking Account **OR**  Savings Account