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# Bay County Department of Water and Sewer

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WILLIAM J. BOHLEN, DIRECTOR



Bay County Road Commission  
JAMES C. LILLO, P.E.  
ENGINEER-MANAGER

## 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: \_\_\_\_\_

Name on Water / Sewer Account: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

\_\_\_\_\_

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

You may email this form to: [csr@baycodws.org](mailto:csr@baycodws.org) or mail to the address listed above.