

CANCELLATION OF DIRECT DEBIT PAYMENTS (ACH DEBIT)

CITY OF SEA ISLE CITY WATER/ SEWER AND/OR TAX PAYMENTS

Please Return This Form to the Collectors Office, 233 JFK. Blvd., Sea Isle City, NJ 08243
A MINIMUM OF 15 DAYS PRIOR TO SCHEDULED DUE DATE.

I (we) hereby Authorize the City of Sea Isle City, to cancel debit entries from my (our) checking account/ savings account. This authorization is to serve as written notification from me (or either of us) to terminate enrollment in the City of Sea Isle City's Direct Debit program. The City is not responsible for any charges imposed by your specified depository as a result of the cancelation of this service. I (we) acknowledge that I (we) (am/are) responsible for all fees in connection with the cancellation thereof in connection with this agreement. I (we) acknowledge that I (we) (am/are) the only owner(s) of the account listed above and am responsible for all future bills in connection with the property listed below.

**Please Complete One Form For Each Property
You Wish to Discontinue The Direct Debit Program.**

NAME(S) _____

PHONE # _____

EMAIL _____

WATER/SEWER ACCOUNT # _____

PROPERTY TAX BLOCK _____ LOT _____ QUAL _____

I would like to **CANCEL** Direct Debit payments for (**check all that apply**) :

WATER/SEWER

TAXES

BOTH (TAXES&WATER/SEWER)

Date _____

Signature _____

FOR INTERNAL USE ONLY

RECEIVED:

ENTERED:

:

CONTACTED: