

CANCELLATION OF DIRECT PAYMENT

I, _____ wish to revoke my authorization with
(PRINT NAME)
the Town of Canandaigua to initiate electronic entries to my checking/savings account for water
bill payment. This cancellation shall be effective as of _____.
(DATE OF CANCELLATION)

I understand that the cancellation date noted must afford the Town of Canandaigua a reasonable
opportunity to act on it, and that I may stop payment of any entry by notifying my financial
institution 3 days before my account is charged. Regular payment dates are the 15th of January,
April, July, and October.

(SIGNATURE)

(DATE)

(SERVICE ADDRESS)

Return original completed form in person or by mail to:

Crystelyn Laske, Town Clerk
Town of Canandaigua
5440 Route 5 & 20
Canandaigua, NY 14424