

## Sandusky County Sanitary Engineer

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## **CANCELLATION OF AUTOMATIC BILL PAYMENT**

DATE:		
Automatic Clearing House p	ayment withdr	, wish to stop the aw through the Automatic Bill Payment, and/or sewer utility payment from my:
_	Account	and of cower daily payment from my.
<u> </u>	ng Account	
This will be effective:	(Date)	
	•	t may take up to two weeks to occur. The mmodate any effective dates submitted within
Customer Account Number:	Book:	Account:
Customer Service Address:		
Customer Phone Number:		
Signature:		
Signature:		nt Account)