

ACH Cancellation Request Form

Name _____

Customer account number _____

Bank account number (last 4 digits) _____

Service address _____

Email _____

Daytime phone number _____

I hereby request the cancellation of the ACH recurring payment debit previously authorized on my account. I understand that this request may take up to two business days to be processed, and I am responsible for any and all fees that may occur during this time.

If provided with a valid email address, an email will be sent to confirm cancellation. Every attempt will be made to satisfy the request of the account holder, however, the Sanitation Division will not be liable for requests made within three business days of the payment due date. As an account holder, it is necessary to provide the correct information to enable the identification of the account and transaction(s) in question.

Signature _____ Date _____

Cancellation requests can be emailed to dekalbwaterbillingfn@dekalbcountyga.gov. Please include in the subject line, "ACH Cancellation." You can also fax the form to (404) 371-2679 or mail to the address below:

Utility Customer Operations
Attn: Billing - ACH
774 Jordan Lane
Suite 200
Decatur, GA 30033

For any billing inquiries or questions, contact (404) 378-4475 prior to the payment due date.

I authorize the DeKalb County Department of Finance and the bank or financial institution indicated above to automatically debit my account for payment of water billing for the indicated amount. I agree that in no event shall DeKalb County or the financial institution be liable for indirect or consequential monetary damage resulting from authorized automatic debit transactions. The authority agreement will remain in effect until I cancel in writing, and I agree to notify DeKalb County in writing of any changes in my account information or termination of this agreement.

DeKalb County Utility Customer Operations website: www.dekalbwatershed.com
Customer Care Center contact number: (404) 378-4475