



Water & Sewer Department

Automatic Draft/ACH Debit Cancellation Form

I/we hereby authorize the City of Manchester Water and Sewer Department to CANCEL debit entries to my/our checking account currently listed on the MWD account named below.

BANK NAME: _____

Please
Print

NAME: _____

MWD ACCOUNT NUMBER: _____

ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____ **DATE:** _____

This completed form can be mailed to the address below, dropped off at City Hall,
or emailed to: mwdbilling@cityofmanchestertn.gov

FOR INTERNAL USE ONLY

Entered by:		Date:	
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