

**GEORGETOWN MUNICIPAL WATER & SEWER SERVICE
AUTHORIZATION TO TERMINATE ACH PAYMENT**

Name: _____
[As it appears on GMWSS bill]

Street: _____

City: _____

State: _____ Zip: _____

GMWSS Customer ID Number _____

Bank: _____

Name: _____
[As it appears on bank account]

I authorize GMWSS to terminate collection for my monthly bill from the bank account above. ACH payments may be terminated up to twenty (20) work days before the due date.

Signature: _____

Date: _____

CSR Initials: _____