



Electronic Funds Transfer (EFT) Payment Program Cancellation Form

City of Austin Account Information:

Name of account holder: Last, First, Middle Initial

Utility Account Number

Utility Service Address

Daytime Telephone Number

Requested cancellation date: _____.

Cancellation Information:

Please allow 10 business days for the change to be processed. If the City of Austin receives the form at least 10 business days before the Due Date printed on your utility bill, the cancellation will take effect for that billing period. If the form is received less than 10 business days before the Due Date, the cancellation will not take effect until the next billing cycle.

Note: Once the cancellation request is processed, your bill will no longer indicate that the payment will be drafted from your bank account.

Signature:

Please **cancel** my Electronic Funds Transfer Agreement for the above-referenced utility account. **I no longer wish the City of Austin to electronically draft my bank account for my utility payment.** I have read the above information and understand that although I have submitted a request for cancellation, I am responsible for insuring that my utility bills are paid on time.

Account Holder's Signature for Cancellation

Date

Mail to: *City of Austin-Austin Energy
Remittance Processing – Electronic Funds Transfer (EFT)
P. O. Box 2267
Austin, TX 78768-2267*

Fax to: *(512) 505-4027*