



TERMINATION OF DIRECT PAYMENT

I hereby authorize Moapa Valley Water District to terminate my agreement / authorization for Direct Payment.

MY NAME _____ MVWD ACCOUNT # _____

BANK NAME _____

BANK ACCOUNT # _____

DATE OF TERMINATION _____

ACCOUNT HOLDER SIGNATURE _____

****If previously authorized payment is part of a batch already released to ACH for processing, termination will be effective with the next payment due****

Attribute Reset _____

L/C Enabled _____

Route # _____

Date of removal from ACH Batch _____

ACH Batch _____