



**CITY OF CLERMONT
DIRECT DEBIT CANCELLATION FORM**

I hereby authorize the CITY OF CLERMONT to cancel direct debit charges to my Checking account for credit to my City of Clermont utility account effective _____.

Utility Account Information:

Customer Name: _____

Customer Account Number: _____

Customer Service Address: _____

Financial Institution: _____

Account Number: _____

Signature

Date