

# HARBOR SANITARY DISTRICT

P.O. BOX 2457, BROOKINGS OR 97415 541-469-5225

## Revocation of Automated Bank Payment Authorization

Please complete the information below.

Name (As it appears on the HSD bill) \_\_\_\_\_

Harbor Sanitary District Account # \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Bank Name \_\_\_\_\_

Date to Stop Automated Payment \_\_\_\_\_

Do you want to continue receiving monthly statements for your records? \_\_\_\_\_

Please sign the authorization below and return to our office.

I hereby authorize Harbor Sanitary District to revoke the electronic debit from my bank account and resume manual billing on a monthly basis on the date indicated above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date