



THE CITY OF EDGEWATER

POST OFFICE BOX 100 • EDGEWATER, FLORIDA 32132-0100

Cancellation of Automatic Funds Transfer

Today's Date: _____

Account #: _____

Customer Name: _____

Service Address: _____

I hereby give notice to the City of Edgewater to cancel my Automatic Funds Transfer Account.

Date for cancellation: _____

Customer Signature: _____

If in the future you would like to reactivate your account, you will need to fill out a new request form.