

(Office Use)  
Account No. \_\_\_\_\_

**GREATER JOHNSTOWN WATER AUTHORITY**  
640 Franklin Street  
P. O. Box 1407  
Johnstown, PA 15907  
(814) 533-4300 Fax: (814) 536-0770

**Discontinuance of Direct Debit Payment**  
**(ACH Debit)**

I, \_\_\_\_\_, authorize GJWA to discontinue the Direct Debit Agreement  
(Customer Name)

for account \_\_\_\_\_.  
(GJWA Account Number)

I understand that any pending charges on auto pay will be the last to be debited from my bank account.

\_\_\_\_\_  
Customer Signature Date

\_\_\_\_\_  
GJWA Authorization Date