

Clarksville
Wastewater Treatment Department

Robert Leuthart
Clerk-Treasurer

2000 Broadway
Clarksville, IN 47129

Billing Office Phone: (812) 282-0441
Fax: (812) 280-5544

DATE _____

TO: Clarksville Wastewater Treatment Dept.

Effectively immediately, I am rescinding my authorization request for debit payments of my monthly bills from Clarksville Wastewater Treatment Department.

I understand that the payments must be mailed or hand delivered to the Clarksville Wastewater office at the above address unless paid directly through my personal bank.

By signing below, I acknowledge that I am aware I must pay my account directly and that the monthly debit authorization is no longer valid.

Customer Name

Service Address

Account Number

Customer Initials

CWTD employee

Initial the above line if the original Debit Authorization has been returned to the customer