Henryville Membership Sanitation Corporation

ACH Debit Cancellation

I (we) hereby authorize Henryville Membership Sanitation Corporation to cancel debit entries to my (our) account indicated below and the financial institution named on the original enrollment form, hereinafter called Financial Institution. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Print Name: _____

HMSC Account No: _____

Signature: _____ Date: _____

Note: All cancellations must be received by the 1st day of the month to be effective for the next billing cycle.