



**City of Monrovia  
Finance Department**

415 S Ivy Avenue, Monrovia CA 91016  
Phone (626) 932-5517 Fax (626) 932-5566  
Email: watercustomersvs@ci.monrovia.ca.us  
Business Hours: Monday - Thursday 7am – 6pm • Friday 7am – 5:30pm

## Electronic Funds Transfer (EFT) Cancellation

**PLEASE PRINT CLEARLY**

<b>Account Information</b>		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Business
First Name	Last Name			
Name of person making request				
Daytime Phone	Alternate Phone			
Service Account Number:	Service Address:			

**Program cancellation will go into effect within 5 to 7 business days upon receipt of this form.**

*I request the City of Monrovia to cancel my previous authorization to automatically deduct funds from my financial institution account to pay for my Municipal Services Bill. I understand that once the automatic payment option is cancelled, I will be responsible for sending my payments to the City of Monrovia by the due date of the billing statement.*

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Applicant Signature

Date

For official use only:	
Date received: _____	Date of last EFT payment: _____
Date processed: _____	Initial: _____