



Cuyahoga County Treasury

EasyPay

ACH CANCELLATION REQUEST

PERMANENT PARCEL NUMBER: _____

PARCEL ADDRESS: _____

NAME: _____

MAILING ADDRESS (if different from parcel address):

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER(S): _____ E-MAIL: _____

Please cancel my participation in the EasyPay automatic withdrawal program.

Signature: _____ Date: _____