Cancellation of Bank Draft

This is my request to the Town of Spring Lake to CANCEL my automatic debit from the the following account:

PERSONAL INFORMATION		
Name (Please Print)	Mailing Address	
Service Address	Name of Financial Institution	
Utility Account Number(s)	City, State, Zip	
Telephone Number	Bank Routing Number	Bank Account Number
E-mail address		

~~ATTACH COPY OF VOIDED CHECK HERE~~

I request the Town of Spring Lake Water Department to cancel my utility bill from being sent to the above-named financial institution for direct payment from my account each month for the balance owed. By submitting & signing this request, I attest that I have reviewed and agree to the terms and conditions of the Town of Spring Lake Bank Draft Cancellation Policy. If the form is received 30 days prior to the next scheduled billing draft, all future drafts will be canceled. If this form is not received 30 days prior to the next scheduled draft, the current months deduction will be processed but all subsequent months drafts will stop. This request will be in effect allowing reasonable time to act on my notification.

Signature: _____ **Date:** _____

PLEASE RETURN TO THE WATER DEPARTMENT VIA IN PERSON OR BY MAIL

The Town of Spring Lake
Water Department
300 Ruth Street
Spring Lake, NC 28390
Phone: (910) 703-8912
waterdepartment@townofspringlake.com

FOR OFFICE USE ONLY
Date _____
Received CSR_____

Updated 6/25