



**WATER  
CANCEL BANK DRAFT**

Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DLN: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Next Draft Date: \_\_\_\_\_

**Please Note: The last day to cancel Bankdraft service is 3 working days prior to the due date of an account.**

Date to Cancel Draft: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Service Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entered By

\_\_\_\_\_  
Date

DEPARTMENT OF PUBLIC UTILITIES  
WATER BUSINESS OFFICE

