



AUTO DRAFT CANCELLATION

Name as it appears on the water bill: _____

Water bill account number: _____

Service Address: _____

Home Phone: _____ Work Phone: _____

Last 4 Digits of SSN: _____

I am requesting that the City of Goose Creek Water Department cancel drafting of my:

_____ checking or savings account effective on _____

I understand that if my request is not given before the first day of the month, the checking/savings draft will not be stopped until the following month.

_____ credit/debit card effective on _____

Form must be received two (2) business days prior to scheduled credit/debit card draft.

I also understand that I will be responsible for any balance on my account after the effective cancellation date.

Signature: _____ Date: _____

Financial Institution/Bank Card Information:

Name of Bank or Name on card: _____

Last 4 Digits of Account or Card Number: _____ Exp. Date: _____

For City Staff to complete:

Date Received: _____

Completed by: _____ Date Completed: _____