



## 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: \_\_\_\_\_