



Utilities Department

**BANK DRAFT CANCELLATION**

Utility Acct # \_\_\_\_\_

Date \_\_\_\_\_

Name of Utility Account \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

Name of Bank Account Holder \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

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

**\*Bank draft cancellations must be submitted three business days before your due date (excluding holidays).**

Signature of Utility Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Bank Account Holder \_\_\_\_\_ Date \_\_\_\_\_

*\*Place copy of photo identifications below\**

**\*Form must be filled out by account holder(s), current valid identification(s) will be required as proof\***

**For Office Use Only:**

Request Received by: \_\_\_\_\_ Date \_\_\_\_\_ Change Processed by: \_\_\_\_\_ TCM: \_\_\_\_\_

