DeSoto Water Utilities

Bank Draft Cancellation Form

(Please Print)

Name: _____

Service Address: _____

Home Phone: (__) _____ **Work:** (__)_____

Account Number: _____

Bank Name: _____**Bank Account#** _____

I hereby request that City of DeSoto cancel my participation in the Bank Draft payment plan. I no longer wish to use the bank and bank account number above to pay my monthly utility bills. I am aware that this form is for cancellation purposes only. If I want to change bank and/or bank account numbers, I will need to fill out a new application. By signing below, I acknowledge it may take up to thirty (30) days to process my cancellation request once received.

Cancelling Bank Draft

To remove your account from the bank draft, written authorization must be received in the Utility Billing department at least 30 days prior to effective due date.

Please notify us immediately if you close the bank account you specified for automatic drafting. Depending on when we are notified, we may be unable to stop the draft process. While we understand that unforeseen circumstances may arise, we need to be notified as soon as possible. We City of DeSoto will do everything possible to accommodate our customers in unusual circumstances.

Signature: _____ **Date:** _____