

Town of Surf City, N.C.

AUTHORIZATION TO CANCEL AUTOMATIC PAYMENT/DRAFT

Complete this form to cancel automatic payments/drafts that are made from your bank account. Be sure to mail this request 4 weeks before your final draft date, this will allow sufficient time for changes to be made in the system.

Surf City Utility Account Information (Confirm your account information):

Account #: _____

(You must list at least one utility account currently being drafted from bank account)

Name on Account: _____

Physical Address: _____

Name of Financial Institution: _____

Date of final draft: _____ (always on the 1st day of the month)

☐ Cancel ALL automatic drafts from this Checking account

(Checking this box will cancel drafts for all Utility accounts associated with this checking account)

Your signature confirms that you no longer want the Town of Surf City to draft your utility billing from your checking account(s) as designated above and understand that if the information you provided on this form does not match our records that we will not cancel any drafts and no changes will be made to any accounts. We will instead attempt to contact the phone number we have on record to notify you of the problem.

Signature(s): _____ Date: _____

Daytime Phone Number: _____

----- Internal Use Only -----

Notes _____ Date Completed: _____

_____ Entered by: _____