



BANK DRAFT CANCELLATION FORM

DATE _____ ACCOUNT NUMBER _____/_____/_____

NAME ON UTILITY BILL _____

SERVICE ADDRESS _____

PHONE NUMBER _____

BANK NAME _____

LAST 4 DIGITS OF BANK ACCOUNT NUMBER _____

I hereby notify the City of Folkston of the **CANCELLATION** of my bank draft payment **effective immediately**. I am aware that my utility payment will no longer be withdrawn from my account and I must use another form of payment.

Signature of Customer

Date

Signature of Utility Dept. Representative

Date Entered