



AUTHORIZATION TO STOP BANK DRAFT

NAME: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

THIS STATEMENT IS TO VERIFY MY REQUEST TO STOP THE BANK DRAFT FOR THE ACCOUNT NUMBER LISTED ABOVE. I UNDERSTAND THIS WILL BE DONE AT THE NEXT BILLING CYCLE THAT IS NOT ALREADY IN PROCESS AT THIS TIME FOR MY ACCOUNT.

SIGNATURE OF CUSTOMER

DATE

SIGNATURE OF EMPLOYEE

COMPUTER POSTED DATE

POSTED BY