



AUTOMATIC DRAFT AUTHORIZATION CANCELLATION

Utility Billing Name _____ Account # _____

Name of Bank Account/Card Holder (if different) _____

Telephone _____ C H W

Secondary Telephone _____ C H W

I hereby submit my written request for cancellation of the automatic draft payment for my monthly utility bill. I understand that my monthly bill will no longer be automatically drafted from my account/card and that I will be required to make payment otherwise to avoid any disconnection of services.

Signature of Utility Account Holder _____

Date _____

Signature of Bank Account/Card Holder (if different) _____

Date _____