

CANCELLATION of AUTO DRAFT PAYMENTS

Southeast Waterworks District No. 2

417 Trahan Street

Abbeville, LA 70510

I (we) hereby authorize **Southeast Waterworks** to **CANCEL** debit entries to my (our) **CHECKING ACCOUNT** at the depository financial institution named below and to **CANCEL** the same such account.

Name of Bank: _____

Routing Number: _____

Bank Checking Account Number: _____

Signature of Bank Account Holder: _____

Name on Water Account: _____

Physical Address of Water Account: _____

Account and Location: _____

Cancel Auto Draft Payments as of: _____

Signature of Customer: _____ **Date:** _____

This authorization is not in effect until Southeast Waterworks No.2 receives it. *This form must be received by the 20th of the month to be effective for the following month.*

Accepted by Southeast Waterworks: _____

Date: _____

“This institution is an equal opportunity provider and employer.”

