

INSTRUCTIONS:

- Complete the Bank Draft Cancellation Request from below.
- Cancelling the automatic bank draft service may take one billing cycle from receipt of this request.
- For questions regarding this service, please call (830) 265-4366.

Bank Draft Cancellation Request

Customer Name (as it appears	on your bill)	Accoun	Account Number (on bill)	
Service Address				
Email Address		 Daytim	Daytime Telephone Number	
Financial Information:	Type of Account:	Checking	Savings	
Name of Financial Institution		ABA R	ABA Routing Number	
Name on Financial Institution	Account	Financ	ial Institution Account Number	
I am electing to discontinue n	ny enrollment in the automatic b	oank draft service.		
Signature (as accepted by you	r Financial Institution)	Date	Date	

To ensure the highest level of security regarding your bank information, this form may be submitted in person or by mail.

<u>Deliver to:</u>
City Hall
510-A Highland Dr
Highland Haven Tx 78654