

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.

Depository Bank: _____

Name of Bank: _____

Routing Number: _____

Bank Checking Account Number: _____

Name on Water Account: _____

Physical Address of Water Account: _____

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: _____