

CITY OF MANNING UTILITY DEPARTMENT

CANCEL BANK DRAFT REQUEST

NAME OF ACCOUNT HOLDER: _____

WATER ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

EFFECTIVE DATE TO STOP DRAFT: _____

I HEREBY AUTHORIZE MONTHLY DRAFT TO BE CANCELLED ON THE ABOVE EFFECTIVE DATE AND I UNDERSTAND THAT I WILL BE RESPONSIBLE TO PAY MY WATER BILL BY DUE DATE.

SIGNATURE OF ACCOUNT HOLDER: _____

DATE: _____

INSTRUCTIONS FOR COMPLETING DRAFT CANCELLATION FORM

ITEM 1: PRINT NAME AS IT APPEARS ON WATER BILL

ITEM 2: PRINT ACCOUNT NUMBER AS IT APPEARS ON WATER BILL.

ITEM 3: PRINT SERVICE ADDRESS AS IT APPEARS ON WATER BILL.

ITEM 4: PRINT DATE DRAFT SHOULD BE STOPPED ON.

ITEM 5 & 6: SIGN AND DATE FORM.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102**