



Office Use Only:

Bank Number:	
Date Entered:	
Cycle:	

Customer Service Department
200 North Castle Heights Avenue
Suite 117
Lebanon, Tennessee 37087

BERNIE ASH, Mayor
200 North Castle Heights Avenue
Suite 100
Lebanon, Tennessee 37087

CANCELLATION

Bank Draft Authorization Form

Date: _____

Customer: _____

Account Number: _____

By signing this form, I am requesting to cancel any bank draft associated with my utility account number listed above on the effective date listed above. Bank drafts that are returned by my financial institution due to NSF, account closed, etc., may be subject to a \$30.00 return draft fee.

Signature: _____