



Utility Billing Division
of the Finance Department
 100 W. Center Street / P.O. Box 40
 Kyle, Texas 78640
 512-262-3960 - Office
 512-262-3965 - Fax

FOR OFFICE USE ONLY:
 Received _____ (Date in office)
 Clerk's Initials _____
 Entered into System _____ (Date)
 CC Processor _____ Billing _____

AUTO-DEBIT CANCELLATION FORM

LAST NAME **FIRST NAME**

Utility Account # **Service Address**

CHECKING / SAVINGS ACCOUNT: **Checking** **Savings**

 Name of City / Branch City / State / Zip Code

 Routing # Account #

 Driver's License / State Customer Phone Number

CREDIT / DEBIT CARD:

 Name as it appears on card Billing Address

 Account # Expiration Date

 Driver's License / State Customer Phone Number

Please cancel my automatic bank / credit card draft effective _____.
DATE

To avoid debiting your account, cancellation must be received in writing in our office one week prior to the draft date on file.

Clerk Use Only
 I agree to pay my bill by the due date as this amount will not draft, due to this cancellation.
 I understand that funds need to be in the account to cover the next draft amount of \$_____ and that is will draft on _____.

Customer Initials

Signature **Date Signed**
