



CITY OF KYLE-UTILITY BILLING DEPT.
100 W. CENTER STREET / P.O. BOX 40
KYLE, TX 78640
PHONE: (512) 262-3960
FAX: (512) 262-3965

FOR OFFICE USE ONLY:

Date Received: _____

UB Clerk Inits: _____

Date Entered: _____

AUTO-DEBIT CANCELLATION FORM

LAST NAME _____

FIRST NAME _____

UTILITY ACCOUNT # _____

SERVICE ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

Account Type: Checking Savings

Name of Bank (Branch) _____

City / State / Zip Code _____

Routing # _____

Account # _____

Drivers License # / State _____

Name as it Appears on Card _____

Billing Address _____

Card # _____

Card Type (Visa, MC, etc) _____

Expiration Date _____

Drivers License # / State _____

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.

By cancelling the Auto-draft you agree to pay your bill by the due date as this amount not draft from your account, due to this cancellation.

Customer Initials

Signature _____

Date _____