

TERMINATE DRAFT REQUEST

I, _____, no longer wish to pay my monthly sanitation bill through
(print your name)
automatic draft.

I would like to stop the draft drawn on _____,
(bank or credit union name)

routing # _____, checking account # _____,

for sanitation account # _____ at _____
(service address)

to be effective _____.
(date you want the draft to stop)

EMAIL ADDRESS: _____

PHONE #: _____

The City of Vidor Sanitation Department must be in receipt of this form at our office located at 1395 North Main Street, Vidor, TX 77662 by the last business day of the month in order to have the draft stopped prior to the next draft date.

By signing below, I am authorizing the City of Vidor to remove my sanitation account from automatic draft. I understand that I will be responsible for paying the amount due in full with another acceptable form of payment

Thank you,

_____ Date: _____
(signature)