

Bank Draft Cancellation

Date: _____

CCU Customer Name: _____

Name on Banking Account: _____

Customer Phone #: _____

I, (we) hereby request Clarksville Connected Utilities, to take my account off of bank draft. I understand that by doing so, my future payments will not be drafted from my banking / checking account. I understand that I will be fully responsible for further billings.

**If your billing cycle is near and your draft has already been processed through our bank, the cancellation of your draft payment will not take place until the next billing cycle.

CCU Customer Signature: _____

Authorized Signature on Bank Account: _____