

AUTOMATIC BANK DRAFT CANCELLATION FORM

Please complete and return this form (7) days prior to debited date to:

St. Lucie West Services District (SLWSD) 450 SW Utility Dr., Port St Lucie, FL 34986 Or email to <u>customerservice@slwsd.org</u> or fax to (772) 871-5771 Tel # (772) 340-0220

Internal Use Only

- Account # _____
- Date received/Initials: ______
- Bank Draft Cancellation Form to Billing
 Department date: ______
- Bank Draft removed from Bank Draft file date/Initials
- Bank Draft Cancellation form returned to
 CSR date/Initials ______
- Bank Draft info. deleted from customer account date/initials

All information below is required to process this cancellation or this request will be denied and/or returned.

Date:	

Print Customer Name shown on St. Lucie West Services District Account Statement (Utility Account Holder)

Utility Service Account Number

Bank Account Number

Utility Service Address

Select which are applicable:

Vou are the Utility Account Holder (UAH)

You are the Bank Account Holder: If you are not the same person as the UAH, a letter will be mailed to the UAH notifying them of this transaction.

Other (**POA**) ______ Submit document authorizing you to complete this form for the UAH.

Authorization

- I have the right to stop payment by notifying SLWSD in writing seven (7) days prior to the time the bank account has been debited.
- I authorize St. Lucie West Services District to discontinue the automatic bank draft for the above Utility Service Account Number.

I understand that upon cancellation of this auto draft the Utility Account Holder resumes responsibility in selecting another method of payment and is responsible for the amount due each month on the Utility Service Address listed above.

Authorized Person: (PRINT NAME)				
Authorized Phone #:	()		
Authorized Signature:			Date:	