



MICHAEL J. HEITZLER, Ed.D.  
Mayor  
KIMO ESAREY  
Mayor Pro-Tem  
DENNIS C. HARMON  
City Administrator  
JEFF MOLINARI  
Assistant City Administrator

MARGUERITE H. BROWN  
SAL GANDOLFO  
JOHN B. McCANTS  
MARK A. PHILLIPS  
JERRY TEKAC  
City Council

## Automatic Clearinghouse Cancellation

Name as it appears on the water bill: \_\_\_\_\_

Water bill account number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I am requesting that the City of Goose Creek Water Department cancel drafting my  checking account  savings account effective \_\_\_\_\_. I understand that if my request is not given before the first day of the month, the draft will not be stopped until the following month. I also understand that I will be responsible for any balance on my account after the effective cancellation date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Financial Institution Information:

Name of Bank: \_\_\_\_\_ City & State: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### For City Staff to complete:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_