

City of Round Rock 221 E. Main Street Round Rock, TX 78664 Phone: 512-218-5460 Fax: 512-218-5463

AUTOMATIC DRAFT CANCELLATION

TO CANCEL AUTO DRAFT ON UTILITY ACCOUNTS UTILITY ACCOUNT INFORMATION

NAME	ACC	ACCOUNT #				
SERVICE ADDRESS	PHC	PHONE #				
MAILING ADDRESS(If different from above)		SOC	SOCIAL SECURITY #			
EMAIL ADDRESS		REQUEST E-BILL YES				
	PTION 1: AUTOMATI	C DRAFT FROM VISA OR M ection if drafting from credi	ASTERCARD			
CARD TYPE: ☐ VISA ☐ MA	STERCARD					
CARD NUMBER		EXP	IRATION			
CARDHOLDER NAME		BILL	ING ZIP CODE			
CVV (3 DIGIT NUMBER ON BAC	K OF CARD)					
☐ CHECKING ☐ SAVINGS BANK NAME		BANK ACCOUN	T#			
NAME ON BANK ACCOUNT		BANK ROUTING #				
This written notification of termin on this request within a reasonabl Round Rock stating the request ha	e time. I understand that as been completed. <i>Initi</i>	at this action will become effe al	ctive ONLY upon notif	ication from	the City of	
Terminations MUST be made in w one billing cycle or one month, to changes in sufficient time to preven	process the termination	request. The customer is solo	•		-	
SIGNATURE		DATE				
**************************************	**************************************	** OFFICE USE ********** VERIFIED BY	*********************		******	