



Bank Draft Cancellation Letter

Date _____

Attention: Billing Supervisor

I am writing to inform you of a change pertaining to my automatic bank draft payment withdrawals. My Newton County Water & Sewerage Authority account number is _____.

Currently my payment is automatically withdrawn from my bank account # _____ held at _____ . The automatic payment withdrawals are made on the _____ 15th _____ day(s) of the month.

I hereby notify you of the **cancellation** of the authorization for the above referenced automatic bank draft payment withdrawals.

I understand that I need to give you at least 24 hours notice prior to the next scheduled transaction.

Thank you for your prompt attention to this request.

Signature Required: _____