AUTOMATIC BANK DRAFT CANCELLATION FORM

Internal Use Only

Account # _____

Date Received _____

Entered By _____

Cancellation Date_____

(If Denied)_____

Enter Date Returned

Please complete and return this form to St. Lucie West Services District (SLWSD) at the address listed below at least (7) days prior to debited date. Contact our office for more information.

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

☐ **Utility Account Holder (UAH)**

☐ **Bank Account Holder (BAH)** *If the BAH is not the same person 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 acct holder.*

Authorization

- I (We) 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 on the Utility Service Account and Service Address listed above.

Authorized Person: (PRINT NAME) _____

Authorized Phone #: **( )** _____

Authorized Signature: _____ **Date:** _____

Mail this completed form, fax or email to customerservice@slwsd.org

St. Lucie West Services District
450 SW Utility Drive
Port St. Lucie, FL 34986

Updated 3-18-15