



NOTICE TO CANCEL BANK DRAFT ENROLLMENT

I am currently enrolled in the City of Yukon automatic bank draft payment program to pay my monthly utility bill I hereby direct that my enrollment be terminated and that drafts from my bank account by the City of Yukon Utility Billing Department cease.

Please list date you wish your bank drafts to stop _____

Name (Please Print) _____ Home Phone _____

Service Address _____ Cell Phone _____

Utility Acct # _____ Signature _____ Date _____

NOTICE TO CUSTOMER: This completed form must be received in our office at least **5 business days prior to your regularly scheduled draft date**, otherwise we will draft your monthly payment and then cancel your enrollment You will be charged applicable fees for any drafts that are returned by your bank for any reason. Please submit this form in person with identification. If you cannot submit this form in person, we require that this form be notarized and submitted with very clear and legible copies of your identification. We will not terminate your enrollment until all documents are received.

Notary Stamp or Seal

Notary Public

County of

State of

Signed before me this ____ day of _____

My commission expires _____