



Town of Columbus

PO BOX 146 • Columbus, NC 28722 • (828) 894-8236

Bank ACH Draft Cancellation Form

Print Name: _____

Phone #: (home) _____ (cell) _____

Water Billing Account #: _____

Service Address: _____

Bank Name: _____

Routing Number: _____

Bank Account Number: _____

I hereby authorize the Town of Columbus to remove my account from the bank draft program effective on the following date: _____. This authorization will remain in effect until the Town has received a new agreement from me. I understand that I must cancel my draft at least fifteen (15) days prior to my draft date which is on the 5th of every month.

Customer Signature

Date