



P.O. Box 3020  
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## AUTHORIZATION TO STOP PAYMENT(S) ON AUTOMATED BANK DRAFT - ACH

Please **STOP** Automated Bank Draft on the following Account:

Name (please print) \_\_\_\_\_

Service Address \_\_\_\_\_

\_\_\_\_\_,GA  
City Zip Code

Account # (water bill account) \_\_\_\_\_

Thank you,

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

_____ Customer Service Representative	_____ Date Payment Stopped (Account)
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