



# Bank Draft Cancellation

Customer Name (s) \_\_\_\_\_

Water Billing Account # \_\_\_\_\_

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

Date to Discontinue Bank Draft \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*OFFICE USE ONLY*

Processed By \_\_\_\_\_ Date \_\_\_\_\_

UTILITY BILLING OFFICE  
TOWN OF SOUTHERN PINES  
180 SW BROAD STREET  
SOUTHERN PINES, NORTH CAROLINA 28387