

CITY OF GULFPORT WATER DEPARTMENT DIRECT DEBIT CANCELLATION FORM

CUSTOMER NAME: _____

ADDRESS: _____

CUSTOMER NUMBER: _____

ACCOUNT NUMBER: _____

PHONE NUMBER: _____ ALT NUMBER: _____

DATE OF CANCELLATION REQUEST: _____

EFFECTIVE BEGINNING ON THE DATE LISTED ABOVE OR DATE RECEIVED
WHICHEVER IS FIRST, I AUTHORIZE THE CITY OF GULFPORT WATER
DEPARTMENT TO CANCEL THE DEBITING OF MY MONTHLY WATER BILL AT THE
FOLLOWING

CHECKING/SAVINGS ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

CUSTOMER SIGNATURE: _____

DATE: _____

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****FOR OFFICE USE ONLY****

RECEIVED BY: _____ DATE: _____