



Water Department Auto Debit Cancellation Form

ACCOUNT INFORMATION

Customer Name:	Service Address:
Water Dept. Account Number:	Water Dept. Customer Number:
Phone Number:	Email:

FINANCIAL INFORMATION

Name of Bank/Financial Institution:
Please check the appropriate boxes and fill in the appropriate information below:

<input type="checkbox"/> Checking Account Number:	<input type="checkbox"/> Savings Account Number:
<input type="checkbox"/> Checking Routing Number:	<input type="checkbox"/> Savings Routing Number:
Date of Cancellation Request:	

AUTHORIZATION (CHECK BOX)

I, the above-named customer, authorize the City of Gulfport to cancel the monthly debits from the bank/financial institution account listed above.

Signature:	Date:
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TERMS AND CONDITIONS

- Bank drafting will be stopped effective on the date of request or with your next billing cycle after we receive your cancellation form.

Return completed form to:
City of Gulfport Utility Billing
1422 23rd Avenue
Gulfport, MS 39501
Phone: 228-868-5720 | Fax: 228-868-5722
Email: utilitybilling@gulfport-ms.gov

<u>Office Use Only</u>
Received By:
Completed By:
Date Completed: