



# Town of Summerton

Post Office Box 279  
10 Main Street  
Summerton, SC 29148  
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## CANCEL BANK DRAFT REQUEST

**NAME OF ACCOUNT HOLDER:** \_\_\_\_\_

**WATER ACCOUNT NUMBER:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**EFFECTIVE DATE TO STOP DRAFT:** \_\_\_\_\_

I HEREBY AUTHORIZE MONTHLY DRAFT TO BE CANCELLED ON THE ABOVE EFFECTIVE DATE AND I UNDERSTAND THAT I WILL BE RESPONSIBLE TO PAY MY WATER BILL BY DUE DATE.

**SIGNATURE OF ACCOUNT HOLDER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_