

CITY OF MOULTRIE
Bank Draft
CANCELLATION

Date: _____

I/WE _____,
(PLEASE PRINT NAME)

hereby authorize the City of Moultrie to remove the following account from bank draft.

(Signature)

UTILITY ACCOUNT INFORMATION

Account #: _____

Account Name: _____

Account Address: _____

*****BANK DRAFT CANCELLATION MAY TAKE 30-45 DAYS*****

Rec. By: _____

Date: _____

Entered By: _____

Date: _____