



P.O. Box 980/112 South Railroad Avenue/Twin City, Georgia 30471

CEASE BANK DRAFT
City of Twin City

Date: _____

City of Twin City Utility Bill Account Number: _____

Name on Utility Bill Account: _____

Service Address: _____

I REQUEST THE CITY TO CEASE BANK DRAFT FROM MY BANK ACCOUNT, AS NOTED BELOW. I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENTS ON MY UTILITY ACCOUNT. THIS REQUEST

SHALL TAKE EFFECT ON _____.

BANK ACCOUNT INFORMATION

Financial Institution: _____

City/State: _____

Bank Account Number: _____

Bank Routing Number: _____

Bank Account Name (print): _____

Authorized Signature: _____

Date: _____

For office use

Clerk's initials: _____