

Woodbine Water Supply Corp.

**PO Box 1257 / 17 CR 209
Gainesville, TX 76241
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www.woodbinewater.com
service@woodbinewater.com**



EST. 1968

REQUEST TO TAKE OFF BANK DRAFT (ACH DEBIT)

Name: _____

Date to Stop ACH Debit: _____

Phone #: _____

WWSC Account #: _____

Bank Name: _____

Bank Account #: _____

I, _____ hereby cancel authorization for Woodbine Water Supply Corp. to initiate monthly ACH Debit payments to my WWSC account. ***This cancellation is effective as soon as WWSC has reasonable time to act upon it.***

Signature

Date