



## Draft Payment Cancellation

You are enrolled in our automatic draft plan from either your checking or savings account from the financial institution of your choice. By signing below you agree that you no longer want to be on this program and you request to be taken off. Please note that with your next billing cycle you will have to make a payment either by mail or at one of our Customer Service locations.

We thank you for taking the opportunity to participate in the Draft Payment Plan. If you choose to go back on the program at a later time, that option will be available to you.

Customer Name	<input type="text"/>		
CCWA Account Number:	<input type="text"/>	Last 4 digits of SSN	<input type="text"/>
Service Address:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>