

SOUTHWEST MILAM WATER SUPPLY CORPORATION
706 EAST CAMERON AVENUE
P. O. BOX 232
ROCKDALE, TEXAS 76567
512-446-2604

AUTOMATIC BANK DRAFT CANCELLATION

Date: _____

Name: _____

SWMWSC Account Number: _____

At your request, this form is to confirm the account information for your Automatic Bank draft in order to remove your account from the bank draft.

We must receive this form NO LATER than 5 business days before the due date.

If you are going to set up Automatic Bank Draft with another account, the Preauthorization Bank Draft Agreement form must be received by the **15th** of the month in order to take effect on the next billing cycle.

Please confirm that the following information is correct:

Southwest Milam Account No.: _____

Financial Institution: _____

Routing No.: _____

Last 4 digits of Bank Account No.: _____

I, _____, confirm that the above information is correct and authorize Southwest Milam Water Supply Corporation to cancel the Automatic Bank Draft for SWMWSC Account # _____ effective (date) _____.

Signed: _____

Date: _____

"This institution is an equal opportunity provider and employer."