



Bank Draft Cancellation

Customer Name (s) _____

Water Billing Account # _____

Service Address _____

Date to Discontinue Bank Draft _____

Signature _____ Date _____

OFFICE USE ONLY

Processed By _____ Date _____

UTILITY BILLING OFFICE
TOWN OF SOUTHERN PINES
180 SW BROAD STREET
SOUTHERN PINES, NORTH CAROLINA 28387