

17764 County Road 26

Tyler, Texas 75707

Phone: (903) 566-1320 Fax: (903) 566-1377

E-mail: [cs@jacksonwatersupply.com](mailto:cs@jacksonwatersupply.com)

**Customer Request for Removal from Automatic Bank Draft Program**

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JWSC Account #: \_\_\_\_\_\_\_\_

I hereby request Jackson Water Supply Corp. cease debit entries to my:

(select one) [ ] Checking Account [ ] Savings Account

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This request is to act as written notification from Account Holder named above of to terminate the Automatic Bank Draft Program for the above listed account. This request must be received before the Auto draft processing day, which is the 5th of each month.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This request will be considered valid until a new Application is received from the above listed account holder.

DO NOT WRITE BELOW THIS LINE (for company use only):

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entered into billing system on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_