



# TOWN OF CLAYTON

Utilities & Billing/Customer Service  
111 E. Second Street, Clayton, NC 27520  
P.O. Box 879, Clayton, NC 27528  
Phone: 919-553-5002  
Fax: 919-553-0719

Account # _____
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## BANK DRAFT CANCELLATION

Name of Customer: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ (alternate) \_\_\_\_\_

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

Bank Address: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

I hereby authorize the Town of Clayton to remove my account from the bank draft program effective on the following date: \_\_\_\_\_.

This authorization will remain in effect until the Town has received a new agreement from me.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**\*\*\*If service was established after April 1, 2012, a deposit must be on file if the customer chooses to be removed from bank draft.**