

Account Number: _____

Date _____

Account Name: _____

Address: _____

Location number (s)(if known): _____

RE: Stop ACH/ Bank Draft

To Whom It May Concern:

I am submitting this stop ACH/Draft payment order to instruct you to remove the bank draft information currently listed on my account above with Iredell Water Corporation.

I wish to:

stop all ACH/Draft payments to Iredell Water using the bank account information you currently have on file. Please remove my banking account information from your records.

change all ACH/Draft payments to Iredell Water using the updated bank information on the attached Bank Draft Form. I have also included a copy of a voided check or letter from my banking institution with the new bank routing and account information.

I understand changes to ACH/Draft information must be received by Iredell Water at least 5 business days prior to the bank draft date (currently the 10th of the month.) I agree to pay my account balance in full including any fees associated with the ACH draft and/or return. I understand if this letter has not been received in a timely manner by Iredell Water Corporation, the ACH will be drafted as normal for the current month.

Sincerely,

Printed Account Holder Name

Signature

Date