

**REQUEST TO DISCONTINUE
ACH DRAFT**

Date _____

Customer name _____

Account number _____

Stop draft as soon as possible* month/year _____

Reason for stopping draft: _____

Customer signature: _____

*Please note, staff will make every effort to stop your draft as soon as possible, however, if the file for the next bill draft has been sent to the bank, we are unable to stop the draft.