



BANK DRAFT TERMINATION
GLENPOOL UTILITY SERVICE AUTHORITY

By signing this form you are authorizing the Glenpool Utility Service Authority to **terminate** draft payment from your bank account each month.

Customer Utility Account Number: _____

Customer Name: _____

Customer Phone Number: _____ Home: _____

Cell: _____ Work: _____

Customer Mailing Address: _____

Customer Service Address: _____

The information below is required for processing and will be kept confidential.

Bank Your Payment is currently being taken from:

Name of Bank: _____

Bank Routing Number: _____

Checking Account Number: _____

Customer Signature: _____ Date: _____