

# CITY OF GULFPORT WATER DEPARTMENT DIRECT DEBIT CANCELLATION FORM

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CUSTOMER NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALT NUMBER: \_\_\_\_\_

DATE OF CANCELLATION REQUEST: \_\_\_\_\_

EFFECTIVE BEGINNING ON THE DATE LISTED ABOVE OR DATE RECEIVED  
WHICHEVER IS FIRST, I AUTHORIZE THE CITY OF GULFPORT WATER  
DEPARTMENT TO CANCEL THE DEBITING OF MY MONTHLY WATER BILL AT THE  
FOLLOWING .....

CHECKING/SAVINGS ACCOUNT NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

.....  
\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_