



Delete Bank Draft Form

Utility Account Number: _____

I, _____, am requesting the removal of bank draft from the
(print name)

account at _____.
(service address)

I understand:

- By removing the automatic bank draft from my account, that I will be responsible for making another form of payment for my bi-monthly bill.
- I must give CFPUA 10 business days' notice prior to the next bank draft due date.
- That for the request to be fulfilled, I must be the account holder or listed as an authorized party on the account.

By my signature below, I grant the Cape Fear Public Utility Authority permission to remove automatic bank draft from my account.

Signature

Date

****Please print to sign or apply electronic signature.****

SUBMIT COMPLETED FORM VIA:

[CONTACT FORM](#)

FAX: (910) 332-6352

MAIL:

Cape Fear Public Utility Authority
235 Government Center Drive
Wilmington, NC 28403