

**Citizens Gas Utility District
P.O. Box 320
Helenwood, TN 37755
(423) 569-4457**

REQUEST TO CANCEL BANK DRAFT

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

****This authorization will remain in effect with Citizens Gas until I have cancelled it in writing at least fifteen (15) days prior to the due date. I further understand that in the event my account has insufficient funds to cover the monthly payment amount to be drafted, a fee of **\$30.00** will be billed.

I understand that it is my duty to notify CGUD of any changes to my designated depository account, including but not limited to, an account closed status, bank ownership and changes and other account changes.

My signature below indicates that I have read and agree to the terms of the Electronic Payment Authorization Form.

CUSTOMER SIGNATURE: _____ DATE: _____

*****ATTACH COPY OF DRIVERS LICENSE**