

**CITY OF GULFPORT WATER DEPARTMENT
AUTO DEBIT CANCELLATION FORM**

Customer Name(s): _____

Address: _____

Email: _____

Account Number: _____ Customer Number: _____

Cell Number: _____ Home Number: _____

Date of Cancellation Request: _____

Financial Information

Name: _____ Branch: _____

Address: _____

Please circle, Checking/Savings Account: _____

Routing number: _____

Bank drafting will be stopped effective on the date of request or with your next cycle bill after we receive your authorization form.

I/We authorize the City of Gulfport to cancel the monthly debits to my/our bank account at the financial institution named above.

Signature _____ Date _____

For faxed or emailed applications only:

Witness _____ Date _____

Completed form may be faxed 228-868-5722 or mailed to City of Gulfport, Attn: Utility Billing-1422 23rd. Ave., Gulfport, MS 39501. If you would like to email the documentation, please contact our office at utilitybilling@gulfport-ms.gov

****FOR OFFICE USE ONLY****

RECEIVED BY: _____ DATE: _____