



AUTOMATIC BANK DRAFT CANCELLATION FORM

CCU Account No: _____ Contact Phone: _____

Customer Name: _____

Service Address: _____

Email Address: _____

Please cancel my participation in the Automatic Bank Draft payment program.

I hereby authorize Charlotte County Utilities to cancel any pending automatic bank drafts from this date forward. I understand that I will need to pay the current bill and any new bills going forward via another payment method.

Signature: _____ Date: _____

Please mail, fax or email signed form to:
Charlotte County Utilities
Attn: Automatic Payment Cancellation
P.O. Box 516000
Punta Gorda, FL 33951-6000
Fax: 941.764.4557
Email: CCUSupport@CharlotteCountyFL.gov

FOR OFFICE USE ONLY

Received By: _____

Date Received: _____

Processed By: _____

Date Processed: _____