



BANK DRAFT CANCELLATION REQUEST FORM

Date: _____

Address: _____

Account Number: _____

I, _____ wish to cancel my City of Allen Bank Draft
Payment effective:

(choose option below)

_____ One-time only (specify month)

_____ Immediately

_____ Next draft date

It is my understanding that if the current bank draft file has already been sent to the bank, it cannot be cancelled. If returned, I understand I will be charged a \$25.00 returned item fee. I acknowledge that if I wish to choose the bank drafting option in the future, I must complete a new Bank Draft Authorization Form and return it along with a voided check.

SIGNATURE