

City of Perry
P.O. BOX 2030
PERRY, GA 31069

TERMINATION OF BANK DRAFT

CUSTOMER NAME: _____

ACCOUNT NUMBER: _____

I HEREBY REQUEST THE CITY OF PERRY TO REMOVE THE ABOVE ACCOUNT(S) FROM DIRECT DEBIT.

CUSTOMER 'S SIGNATURE: _____

DATE: _____

CITY EMPLOYEE'S SIGNATURE: _____

DATE: _____

VERIFIED BY: _____

DATE: _____