



City of Lowell
**VOLUNTARY TERMINATION
OF AUTO DRAFTS**

CUSTOMER NAME: _____ DATE: _____

SERVICE ADDRESS: _____

CONTACT PHONE: _____

ACCOUNT NUMBER: _____

NOTE: The person terminating the auto draft MUST be the same person who originally set up the auto draft unless a death has occurred and if that is the case, a copy of the death certificate is required. Also, a copy of a valid driver's license is required.

I hereby wish to terminate auto drafts from my checking/savings account. I understand I am still responsible for any outstanding balance on my account (including the final bill if applicable).

SIGNATURE: _____