Automatic Bank Draft
Cancellation Form

(City of Jennings, LA Water Dept.)

Please Print Clearly or Type

Customer: _____ City of Jennings Acct. #: _____

Daytime Phone: _____ Service Address: _____

Date of Cancellation Request: _____

Effective on the date listed above or date received, whichever is first, I authorize the City of Jennings Water Department to cancel the debiting of my monthly water bill at the following ……..

Bank Acct. #: _____ Routing #: _____

Financial Institution: _____

Signature: _____ Date Signed: _____

Mail completed Cancellation Form to:

Attn: Customer Service
City of Jennings Water Dept.
P.O. Box 1249
Jennings, LA 70546

Questions ? Call: 337-821-5502

***** For Office Use Only *****

Received By: _____ Date: _____