



PO Box 748 Kingsland, TX 78639
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Dear Member,

The Cancellation form to discontinue your monthly draft is provided below. This form must be returned to Kingsland MUD at least fifteen (15) days prior to the date of cancellation.

CANCELLATION AGREEMENT FOR ACH BANK DRAFT PAYMENTS

Company Name: *Kingsland Municipal Utility District*

I (we) hereby authorize **Kingsland Municipal Utility District**, hereinafter called COMPANY, to discontinue debit entries to my (our) Checking Account indicated below and the depository named below. This request is to be effective as of:

Bank's Name: _____

Bank Address: _____

City: _____ **State:** _____ **Zip:** _____

Route Number: _____ **Account Number:** _____

This authority will remain in full force and effect until such time a new ACH Bank Draft form has been signed and received by COMPANY.

NAME(S): _____ **KMUD Acct. #:** _____

Date: _____ **Signed:** _____