City of Walker
LOUISIANA

REQUEST TO END BANK DRAFT

CITY OF WALKER ACCOUNT NO. _____

I, _____ request that my account be
                    [PRINT NAME]

removed from recurring bank draft. I understand that this takes

effect on _____ which will put my
                    [DATE]

account with a balance due to the City of Walker on or before

the date of _____.
                    [DATE]

CUSTOMER SIGNATURE:_____

CITY OF WALKER CLERK: _____