



Authorization To Stop Automatic Draft Payment

I authorize City of San Juan to stop Automatic Payment to my checking/savings account below.

Date _____

Name of Financial Institution _____

Bank Account Number _____

Name (Please Print) _____

Address _____

Water Acct. Number _____

Signature _____

(Note: Allow at least 3 weeks, such time is needed to allow the financial institution a reasonable opportunity to act on it.)