

Sardis Water Association
23820 N. Sardis Rd., Mabelvale, AR 72103
Office 501-602-5393/Fax 501-602-2674

Bank Draft Cancellation Form

CUSTOMER INFORMATION

ACCOUNT NO. _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

Permanently cancel my auto draft effective _____.

Temporarily cancel my auto draft effective for _____ bill only.
Bill Due Date

PRINT AUTHORIZED NAME _____

SIGNATURE: _____

DATE: _____

PLEASE MAIL OR FAX TO SARDIS WATER.