

200 N Lafayette Street
Starkville, MS 39759



Telephone: 662-323-3133
Fax: 662-323-3133

DELETION OF BANK DRAFT REQUEST

Please provide the following information to cancel your automatic bank draft.

_____	_____
Customer Name (please print)	Authorized Name (as shown on the account)
_____	_____
Customer's Starkville Utilities Account Number	Customer's Telephone Number

Customer's Email Address	

Please provide your bank account details that are currently being used for automatic deductions:

Name of Bank	
_____	_____
Customer's Bank Routing Number	Customer's Bank Account Number

Address for Billing: _____	
Street Address	City, State, Zip Code

To help us verify your account, please attach a voided check if you are submitting this form by mail or in person, unless you originally enrolled via our website.

By signing below, I request that Starkville Utilities cancel the automatic bank draft for the account listed above.

Customer Signature: _____ **Date:** _____

Please note: If your account is scheduled for a bank draft on the day we receive this request, the draft may still occur for the current billing cycle. The cancellation will be effective starting with your next billing cycle.

Returned Check Fee: Please be aware that a **\$40 returned check or e-check fee** will be added to your account for any draft that is returned to Starkville Utilities for any reason, even after a cancellation request is submitted but before it takes effect.

Important! Your account will continue to receive alerts and reminders for due dates, past due amounts, account profile changes, payment confirmations, and returned checks. You will typically receive notifications five days prior to the due date and for past-due amounts. Standard message and data rates may apply.