



# CITY OF CONOVER

## Stop Draft Request Form

### Automatic Monthly Bank Draft

City of Conover  
PO Box 549 | 101 1st St E  
Conover, NC 28613  
P: 828-464-1191  
F: 828-465-5177  
[www.conoverncc.gov](http://www.conoverncc.gov)

*I, \_\_\_\_\_, authorize the City of Conover to remove my bank account from automatic draft for utility payments. I understand that this written notice must be received by staff on or before the 3rd of the month to stop automatic draft. I also understand that if I wish to restart automatic draft payments, I will have to contact Conover Utilities Department to re-enroll before my bill can be auto-drafted again.*

Name (please print): \_\_\_\_\_  
*first M.I. last*

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_