

*City of Lincolnton*

---

---

Mike McCombs, Mayor  
Martha Jo Austin, City Clerk



125 North Peachtree Street  
Po Box 489  
Lincolnton, GA 30817  
Phone (706) 359-3239  
Fax (706) 359-7474

**CITY OF LINCOLNTON AUTOMATIC DRAFT CANCELLATION FORM**

I wish to cancel my automatic bank draft payment for my utility bill with the City of Lincolnton (COL). I understand the automatic payment is processed two (2) days prior to my bill due date. Cancellation must happen five (5) days prior to my next due date in order to prevent that automatic draft.

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
City of Lincolnton Account Number(s)

\_\_\_\_\_  
Service Address (Physical Address of Water Service)

\_\_\_\_\_  
Cancellation Effective Date

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

---

**CITY HALL INTERNAL USE ONLY:**

Date completed cancellation form is received by COL: \_\_\_\_\_

COL employee removing bank draft information from QS1UB: \_\_\_\_\_

Date removed from QS1UB: \_\_\_\_\_