



PO Box 748 Kingsland, TX 78639  
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*Dear Member,*

*The Cancellation form to discontinue your monthly draft is provided below. This form must be returned to Kingsland MUD at least fifteen (15) days prior to the date of cancellation.*

**CANCELLATION AGREEMENT FOR ACH BANK DRAFT PAYMENTS**

**Company Name:** *Kingsland Municipal Utility District*

I (we) hereby authorize **Kingsland Municipal Utility District**, hereinafter called COMPANY, to discontinue debit entries to my (our) Checking Account indicated below and the depository named below. This request is to be effective as of:

**Bank's Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Route Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

This authority will remain in full force and effect until such time a new ACH Bank Draft form has been signed and received by COMPANY.

**NAME(S):** \_\_\_\_\_ **KMUD Acct. #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_