



City of Gulf Breeze

AUTHORIZATION FOR CANCELLATION OF PRE-AUTHORIZED CHECKING (DEBITS)

I, _____, would like to stop automatic bank draft at
NAME

this service address _____
SERVICE ADDRESS

DATE: _____ ACCT #: _____ - _____

I would like to confirm that I am receiving my bills via (select one):

Mailing Address: _____

E-mail: _____