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REQUEST TO STOP AUTOMATIC DRAFT

Account number _____ Service Address _____

I _____, am requesting that my Automatic Draft be stopped effective immediately. I understand if I wish to have my account drafted in the future, I will have to provide banking information and further understand it will take 30 days from the date of request before my payment is drafted from my account. I have also been made aware that I am responsible for any payment due until that time.

Customer's Signature

Date