



Mobile Area Water and Sewer System
Change/Cancellation form for Automatic Bill Payment Plan (Debits)
Bank Draft Change

Please change my banking institution for my Bank Draft Plan. Attached is a voided check from my account at my banking institution. Please mail to MAWSS P.O. Box 180249, fax it to 251-694-3446 or email to cs.info@mawss.com.

Customer Name:	
Street Address:	Home Telephone: Work Telephone:
City: Zip:	Water Bill Customer No:
Banking Institution:	Banking Account Number:
Bank Routing & Transit Number:	Account Type: Checking Savings
I authorize Mobile Area Water & Sewer System to change my Bank Draft Plan.	
Bank Account Holder's Signature:	Date:

Bank Draft Cancellation

This request for cancellation must be submitted to Mobile Area Water and Sewer within a reasonable amount of time to allow processing of your request. **Cancellation will be effective upon receipt.** Please mail to MAWSS P.O. Box 180249, fax it to 251-694-3446 or email to cs.info@mawss.com.

Customer Name:	
Street Address:	Home Telephone: Work Telephone:
City: Zip:	Water Bill Customer No:
Banking Institution:	Banking Account Number:
Bank Routing & Transit Number:	Account Type: Checking Savings
I authorize Mobile Area Water & Sewer System to cancel my Bank Draft Plan.	
Bank Account Holder's Signature:	Date: