





**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](mailto: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](mailto: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: