



# City of Banning

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## Level Pay/Bank Draft Disenrollment Application

*Please indicate the program you wish to discontinue:*

Bank Draft

Level Pay

Account Number: \_\_\_\_\_ - \_\_\_\_\_ Route Number: \_\_\_\_\_

Customer Name (s): \_\_\_\_\_

Service Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address (Optional): \_\_\_\_\_

*By signing below, I give my approval to be taken off the program indicated above. I am also aware that if I wish to be enrolled in the program again, a new application will have to be submitted.*

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Office Use Only:

Received by: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_