



Proud History  
Prosperous Tomorrow

# City of Banning

## Application to Dis-Enroll from Level Pay/Bank Draft Programs

Please indicate the program you wish to discontinue:

Bank Draft  
Level Pay

Customer Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

By signing below, I give my approval to be taken off the program I indicated above. I am also aware that should I wish to go back to the program that I will need to re-submit an application

Signature: \_\_\_\_\_

Office Use Only:

Received By: \_\_\_\_\_

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

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

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