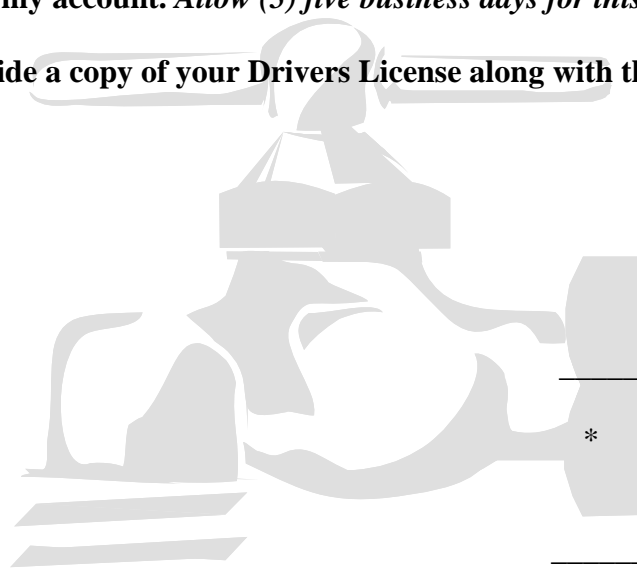


River Road Utility District

ACH Draft Cancellation Form

I _____ request that the ACH draft be removed from my account. *Allow (5) five business days for this to be processed.*

****Please provide a copy of your Drivers License along with this form.****



* Signature

* Date

* Account Number

*Required Information

2201 River Road Ashland City TN 37015 Phone: 615-792-4603 Fax:(615)-792-3120
Website: www.rrudtn.com

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