



City Of Lincoln
Automatic Bank Draft (ABD)
Cancel Request

Please return completed form to 600 Sixth Street, Lincoln, CA. 95648
Or fax to (916) 645-9502

Name: _____
 First Middle Initial Last

ServiceAddress: _____

City/State/Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

City of Lincoln Account Number: _____

Bank Name: _____ Bank Account # _____

Email Address:

I hereby request that City of Lincoln cancel my participation in the Automatic Bank Draft (ABD) payment plan. I no longer wish to use the bank and bank account number above to pay my monthly utility bills.

I am aware that this form is for cancellation purposes only. If I want to change bank and/or bank account numbers, I will need to fill out a new application.

By signing below, I acknowledge it may take up to thirty (30) days to process my cancellation request once received.

Date: _____ Signature: _____