



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: _____