

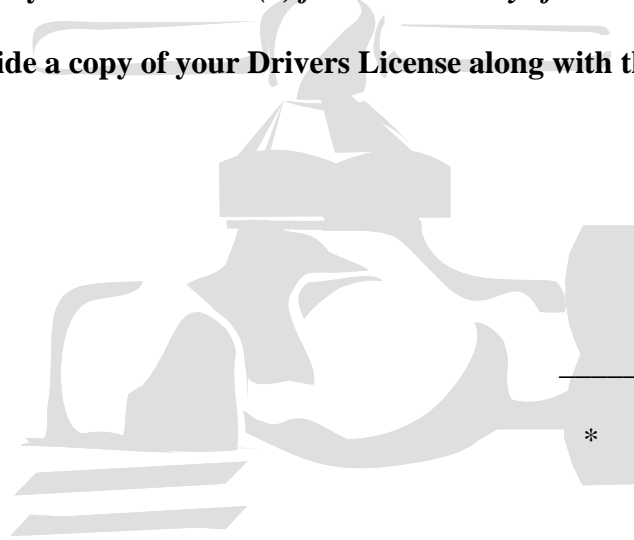
# River Road Utility District

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## 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](http://www.rrudtn.com)**

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