



City of Banning

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Level Pay/Bank Draft Disenrollment Application

Please indicate the program you wish to discontinue:

Bank Draft

Level Pay

Account Number: _____ - _____ Route Number: _____

Customer Name (s): _____

Service Address: _____

Home Phone Number: (____) _____

Work Phone Number: (____) _____

E-mail Address (Optional): _____

By signing below, I give my approval to be taken off the program indicated above. I am also aware that if I wish to be enrolled in the program again, a new application will have to be submitted.

Signature: _____ Date: ____ / ____ / ____

Office Use Only:

Received by: _____

Processed By: _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____