



FORT CLARK SPRINGS ASSOCIATION, INC.

**P.O. Box 345
Brackettville, Texas 78832
(830)563-2493
accounting@fortclark.com**

CANCELLATION OF AUTOMATIC PAYMENT

I, _____, request Fort Clark Springs Association, Inc., to CANCEL

DEBIT ____ **CREDIT** ____ (please check one) my:

____ Credit Card *****All credit cards are processed the 20th of each month***

Card Number Exp Date Type of Card

____ Debit Card

Card Number Exp Date Type of Card

____ Bank Account - Cancellation of Auto Bank

Bank Account Debits will be stopped for the 5th, 15th, 25th auto draft (please circle one)

Membership Acct# _____

Membership Acct# _____

Residential Acct# _____

Residential Acct# _____

Tax Acct# _____

Tax Acct# _____

Trade Acct# _____

Total Amount charged _____

Please Allow 30 days for processing – you will be responsible for payment of the current fees for the month in which this form is submitted.

Signature

Date

PHONE: _____

Zip Code: _____