



REQUEST TO TERMINATE DRAFT

I am currently paying by direct draft of my checking account. I would like to terminate my Authorization Agreement for Pre-Authorized Debits (Bank Draft). I understand that I will need to pay via check or cash by the due date each month to avoid penalty and possible interruption of services.

Signature

date

NOTES:

1. To end payment by draft, you must submit a signed form to our office before the 15th of the month. Any requests received after the 15th will not take effect for current billings and will not become effective until the bills are processed for the following month.

SGWASA use only :

Account # _____

Processed: by _____ date _____