



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.

Printed Name

Signature

Date

Telephone Number

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 _____
--