



## 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 15<sup>th</sup> of the month**. Any requests received after the 15<sup>th</sup> will not take effect for current billings and will not become effective until the bills are processed for the following month.

<p><b>SGWASA use only :</b> Account # _____ Processed: by _____ date _____</p>
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