



## *Cancellation of Aqua-Pay*

Customer #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date to discontinue my Aqua-pay service: \_\_\_\_\_

I understand that by signing this form my payments will no longer be made by automatic withdrawal from my checking or savings account.

Signature: \_\_\_\_\_

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