TERMINATION OF SERVICE REQUESTED

Dona Ana Mutual Domestic Water Consumers Association



☐ Property Sold	□ No Longer Renting	Date:
Account Information		
APPLICANT NAME:	PRIMARY CONT	FACT NUMBER:
ACCOUNT NUMBER:	LAST DATE OF S	SERVICE:
SERVICE ADDRESS:		
FORWARDING ADDRESS:		
TO BE TERMINATED. ONLY A WRITTEN NOT	R THE COST OF WATER/WASTEWATER SERVICE UI ICE WILL BE CONSIDERED PROOF OF NOTIFICATIO OWED WILL BE COLLECTED IN ACCORDANCE WITH	N. IF I DO NOT PAY MY ACCOUNT
Financial Institution Information		
BANK NAME:		
ACCOUNT NUMBER:		
Name as it Appears on Account:		
ROUTING NUMBER:		
□ CHECKING ACCOUNT	☐ Savings Acc	COUNT
PROVIDED, AND THAT I AM AUTHORIZED TO	S CORRECT, THAT I AM AN AUTHORIZED SIGNER OF PROVIDE THIS INFORMATION. I FURTHERMORE ON TO MAKE A DEPOSIT TO MY BANK ACCOUNT N	AUTHORIZE DONA ANA MUTUAL
AUTHORIZED SIGNATURE DATE		
DONA ANA MDWCA REPRESENTATIVE SIGNATURE DATE	MARGO LOPEZ, OFFICE	MANAGER SIGNATURE DATE
FOR INTERNAL USE		
Work Order #:	Date Work Ord	ER ISSUED:
Date Work Order Complete:	FINAL READ:	