

TERMINATION OF SERVICE REQUESTED

DONA ANA MUTUAL DOMESTIC WATER CONSUMERS ASSOCIATION



Property Sold

No Longer Renting

Date: _____

Account Information

APPLICANT NAME: _____

PRIMARY CONTACT NUMBER: _____

ACCOUNT NUMBER: _____

LAST DATE OF SERVICE: _____

SERVICE ADDRESS: _____

FORWARDING ADDRESS: _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE COST OF WATER/WASTEWATER SERVICE UP TO THE DATE I REQUEST SERVICE TO BE TERMINATED. ONLY A WRITTEN NOTICE WILL BE CONSIDERED PROOF OF NOTIFICATION. IF I DO NOT PAY MY ACCOUNT IN FULL, I UNDERSTAND THAT ANY MONIES OWED WILL BE COLLECTED IN ACCORDANCE WITH THE ASSOCIATION'S POLICIES AND PROCEDURES.

Financial Institution Information

BANK NAME: _____

ACCOUNT NUMBER: _____

NAME AS IT APPEARS ON ACCOUNT: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT

SAVINGS ACCOUNT

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, THAT I AM AN AUTHORIZED SIGNER OR DESIGNATE OF THE ACCOUNT PROVIDED, AND THAT I AM AUTHORIZED TO PROVIDE THIS INFORMATION. I FURTHERMORE AUTHORIZE DONA ANA MUTUAL DOMESTIC WATER CONSUMERS ASSOCIATION TO MAKE A DEPOSIT TO MY BANK ACCOUNT VIA A ONE-TIME ELECTRONIC FUNDS TRANSFER.

AUTHORIZED SIGNATURE

DATE

DONA ANA MDWCA REPRESENTATIVE SIGNATURE DATE

JENNIFER J. HORTON, EXECUTIVE DIRECTOR SIGNATURE DATE

FOR INTERNAL USE

WORK ORDER #: _____

DATE WORK ORDER ISSUED: _____

DATE WORK ORDER COMPLETE: _____

FINAL READ: _____

