



Culleoka Water Supply Corp.

P.O. Box 909 / 3388 FM 982 / Princeton, Texas 75407 / (972) 736-2592

REQUEST TO DISCONTINUE AUTOMATIC PAYMENT

I, _____, hereby request the termination of the
(Please Print Name)

automatic payment to be removed from my account. I understand that this request will require me to pay my monthly water bill each month and makes me subject to late fees if not paid by the 15th of each month. I also acknowledge that this notice must be received to the CWSC office by the 1st of the month in order to prevent the payment from being deducted as an auto payment to your CWSC account. Otherwise, termination will be complete the following month.

(Signature)

_____/_____/_____

(Date)

Office Use Only:

Loc# _____

Acct# _____

Name: _____