

REQUEST TO CANCEL

AUTO-PAY (DIRECT PAYMENT) AGREEMENT

Property Owner's Name

Date

Service Address

Account #

As prescribed by the authorized agreement for direct payment of district utility bills, my signature below constitutes notice to the Oceano Community Services District to terminate said agreement for the above mentioned property. I understand that this request will be in full force and effect no sooner than 72 hours from the date the District receives a properly endorsed request for termination.

If I wish to re-activate the agreement, I understand that I must re-submit a properly endorsed authorization agreement and a voided check.

Signature of Property Owner or
Authorized Property Manager/Agent

Telephone of Property Owner or
Authorized Agent

Mailing Address of Property Owner
Authorized Property Manager/Agent

Mailing Address of Authorized
Agent

Processed _____

Date Entered

Initials