



# TERMINATED DIRECT PAY AUTHORIZATION

TODAY'S DATE: \_\_\_\_\_

TERMINATE DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**FOR OFFICE USE ONLY**

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WALK-IN: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_