

AUTOMATIC PAYMENT CANCELLATION

I, _____, account #, _____, wish to have my account
(VVWD Account #)
removed from the Virgin Valley Water District's automatic payment program
effective:

Month: _____

Year: _____

This authorization form must be received in our office by the 1st day of the month that you wish it to take effect.

Signature of property owner-account holder

Address of home

Date

Daytime phone