



VALENCIA HEIGHTS WATER COMPANY

CANCELLATION AGREEMENT FOR AUTOMATIC PAYMENT PROCESSING

I hereby request that Valencia Heights Water Company and my financial institution cancel all future deductions for my payment from my checking account indicated below.

I understand that all future payments will need to be paid directly to Valencia Heights Water Company. If in the future I choose to participate in the Recurring/Automatic Payment Processing, a new Recurring/Automatic Payment Processing Application will need to be completed and submitted to VHWC.

I understand that the previous authorization will **terminate 10 business days** after I notify Valencia Heights Water Company in writing of my intent to terminate this authorization.

AUTHORIZED SIGNATURE _____ **DATE** _____

Customer Information (As it appears on your Water Bill)

Account Number _____

Mailing Address _____

Account Name _____

City _____

Service Address _____

State _____ Zip _____

City _____

Telephone Number _____

Email _____