



AUTOMATIC CONSUMER WITHDRAWAL AUTHORIZATION

CANCELATION STATEMENT

I request the Lakewood Water District to terminate my authorized automatic withdrawal for payment to my account # _____ effective _____.
I will allow a reasonable time for the Lakewood Water District to act upon my request to terminate this agreement.

Customer's Signature

Date

Service Address

City, State, Zip

E.F.T. Department:

Date

Initials