



Renter Request to Terminate Utility Service

This institution is an Equal Opportunity Provider and Employer

Office: 12452 Us Hwy 87 E.
Adkins, TX 78101
Email:
accountservices@ecsud.com

I, _____ (Name) an authorized account holder of
_____ (Service Address), _____ (Account #)
authorize East Central SUD to terminate or suspend my existing service on _____ (date).

Accounts will not be terminated on weekends or holidays.

I will be moving out

Lease end date:

I already moved out

Note: Deposit will be applied toward the balance if any. Final bills will determine a refund or final charge

_____ (Initials) I hereby acknowledge that the meter will be turned off and locked, should transfer of service not be completed and submitted to the office with three (3) business days of date of termination

Note: If you have already vacated the property, service will be terminated the date this form is received

Forwarding Address:

Phone: _____

Email: _____

Failure to complete this form and submit to East Central SUD will result in continued financial responsibility of account holder for above service address.

Please sign below and attach a copy of your photo ID for verification.

Signature

Print Name

Date