



District Use Only:

Date Received: \_\_\_\_\_

P.O. Box 570  
Adkins, TX 78101  
Phone: (210) 649-2383  
Fax: (210) 649-1462  
[customerservice@ecsud.org](mailto:customerservice@ecsud.org)  
[www.eastcentralsud.org](http://www.eastcentralsud.org)

## Request for Termination of Utility Service

I, \_\_\_\_\_ an authorized account holder of  
(Name)

\_\_\_\_\_  
(Service Address)

authorize East Central SUD to terminate/suspend my existing service.

Account Number: \_\_\_\_\_ Discontinue Date: \_\_\_\_\_

I am the current  Owner or  Renter of this property.

**My updated forwarding address:**

**My updated contact information:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

I understand that my deposit will automatically be applied towards the final charge. If there is any credit due to you, a check will be mailed to the forwarding address. Check processing times may vary.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

You can remit this form electronically to [customerservice@ecsud.com](mailto:customerservice@ecsud.com).