



District Use Only:
Date Received: _____
Acct#: _____

P.O. Box 570
Adkins, TX 78101
Phone: (210) 649-2383
Fax: (210) 649-1462

customerservice@ecsud.com

www.eastcentralsud.org

This Institution is an Equal Opportunity Provider and Employer

Request To Terminate Utility Service

I, _____ an authorized account holder of
(Name)

(Service Address)

authorize East Central SUD to terminate/suspend my existing service. Disconnect Date: _____

NOTE: Accounts will not be terminated on weekends or holidays.

I am the current Property Owner or Renter of this property.

Forwarding address:

Contact information:

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.

I understand that my deposit will automatically be applied towards the final charge(s) and any other outstanding balance on my account. I understand that if my deposit does not satisfy the entire outstanding balance, I will be issued a final bill. A refund check will be mailed for the remainder of my deposit if any, to the forwarding address. Check processing times may vary.

Signature

Date: _____

You can remit this form electronically to customerservice@ecsud.com.