



Request to Terminate Utility Service

This institution is an Equal Opportunity Provider and Employer

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

Accounts will not be terminated on weekends or holidays.

I am currently the Property Owner

I have Sold the Property I have Rented out the Property

Closing date of property sold: _____ Lease start date: _____

I am currently the Property Renter

Lease end date: _____

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

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

District Representative Signature

Date

You can remit form electronically to customerservice@ecsud.com, or deliver to the office located at 12452 U.S. Hwy 87 E, Adkins, TX 78101, or mail to: PO Box 570, Adkins, TX 78121