CANCELLATION FORM FOR AUTOMATIC DEBIT (ACH)

Please complete all information on the authorization form below:

_____

Name of Financial Institution Name on Checking/Savings Account

_____

City State Zip Code

_____

Bank Routing Number Checking/Savings Account
(As it appears on check)

By signing below, I authorize Orange Co.. W.C.ID #1 to terminate Automatic Debit (ACH) services for the checking/savings account listed above as of _____.

_____

Name (as shown on your bill) Customer# Location#

_____

Service Address City State Zip Code

_____

Telephone number

I understand that my account will no longer be debited after this date, and I am responsible for ensuring future utility payments are made by other means.

Signature _____ Date _____