



**AUTOMATIC PAYMENT CANCELLATION**

I, \_\_\_\_\_, account #, \_\_\_\_\_, wish to have my account  
(VVWD Account #)  
removed from the Virgin Valley Water District's automatic payment program  
effective:

Month: \_\_\_\_\_

Year: \_\_\_\_\_

*This authorization form must be received in our office by the 1<sup>st</sup> day of the month that  
you wish it to take effect.*

\_\_\_\_\_  
Signature of property owner-account holder

\_\_\_\_\_  
Address of home

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone