



Cancellation of Autopay Program

Please return this completed cancellation request to Citrus Heights Water District

6230 Sylvan Rd, Citrus Heights CA 95610-5610

PO Box 286, Citrus Heights CA 95611-0286

Fax (916) 725-0345

Voice (916) 725-6873

Please Print Clearly

APN:

Cycle:

Date of Request: _____

Date of Cancellation: _____

Account Number: _____

Service Address: _____

Required Information:

Requested by: Owner ____ Other: ____ Name: _____

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext: _____

Reason for Cancellation

Please check the appropriate box:

A new Autopay set-up is required due to new banking information

The above service address has sold and I am no longer the property owner

Made the decision to cancel the Autopay Program and pay by other options

Other Reason

By signing this form, I am authorizing Citrus Heights Water District to cancel the Autopay setup on the above service address.

Owner's Signature _____

Date _____

For use by CHWD only

Date Received: _____ Rcv'd by: _____

APN: _____ Cycle: _____