

REQUEST FOR SERVICE DISCONNECTION

Today's Date	Date to Disconnect
Name on Account	SSN
Account #	Contact Information ()
Service Address	
Forwarding Mailing Address (For f	-
***** PLEASE	READ CAREFULLY*****
specified above. I understand that any badue within 30 days upon receipt of my fin	ities at the above address be discontinued on the date alance that is owed after my deposit has been applied is all bill. I further understand that failure to pay any money will result in my account being turned over to a collection e for court costs and attorney fees.
	6 WEEKS FOR YOUR REFUND APPLICABLE)
Signature	Today's Date