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ELECTRONIC DEBIT/AUTOMATED CLEARING HOUSE (ACH)

**** CANCELLATION REQUEST ****

(PLEASE PRINT)

Customer Name:	
Account Number:	
Complete Service Address: <i>(including city, state, zip)</i>	
Home Phone Number:	
Cell Phone Number:	

I authorize Farmers Water Co. (FWC) to cancel the electronic debit entries for the above-referenced Customer account. I understand that I must allow at least two (2) business days upon receipt for FWC to process this cancellation, and that I am responsible for any electronic debits that occur before the cancellation is in effect.

Signature: _____

Date: _____

Date Cancelled by FWC:		Entered By:	
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FWC Official Use Only (ver. 1/13)