DIRECT DEBIT
DISCONTINUANCE FORM

I hereby request that the Santa Ynez River Water Conservation District, Improvement District No.1 (District) discontinue my enrollment in the District's Direct Debit Program. I hereby understand the termination in this program is effective no earlier than 10 days after written request is received in the District office, which affords the District a reasonable opportunity to act on it.

Account Number: _____

Account: Name As Shown On Bill: _____

Service Address: _____

Phone Number: _____

Name of Bank: _____

Requested Termination Date: _____

_____

Print Name Signature Date

For Office Use Only
Date Request Received:_____

Date Removed from ACH Program:_____ Initials:_____