

# **KINGSLAND WATER SUPPLY CORPORATION**

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Kingsland, Texas 78639  
Email: [kwsc@kingslandwater.org](mailto:kwsc@kingslandwater.org)

*Dear Member,*

*The form to discontinue your monthly water payment draft is provided below. This form must be returned to the Kingsland Water Supply Corporation at least fifteen (15) days prior to the date of cancellation.*

## CANCELLATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

**COMPANY NAME:** Kingsland Water Supply Corporation

*I (we) hereby authorize **Kingsland Water Supply Corporation**, hereinafter called KWSC, to discontinue debit entries to my (our)  Checking  Savings account (select one) indicated below and the depository named below.*

**THIS REQUEST IS TO BE EFFECTIVE AS OF:** \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_ **ACCT #:** \_\_\_\_\_

*This authority is to remain in full force and effect until KWSC and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford KWSC and DEPOSITORY a reasonable opportunity to respond.*

**NAME(S):** \_\_\_\_\_ **KWSC ACCT. #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_