

# PUBLIC UTILITY DISTRICT NO. 2

OF

## PACIFIC COUNTY



405 Duryea Street  
P.O. Box 472  
Raymond, Washington 98577  
(360) 942-2411 FAX (360) 875-9388

9610 Sandridge Road  
P.O. Box 619  
Long Beach, Washington 98631  
(360) 642-3191 FAX (360) 642-9389

### Cancellation of ACH Authorization Agreement

I (we) request that **Public Utility District #2 of Pacific County (“PUD”)** terminate the authorization for the ACH transactions to my (our)  Checking Account  Savings Account. I understand that this notice must be received by the PUD no less than seven business days before the next scheduled withdrawal.

Name \_\_\_\_\_

PUD Acct# \_\_\_\_\_ ACH Date \_\_\_\_\_

Reason for Cancellation \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PUD USE ONLY:

Employee  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Original ACH Sign Up Date \_\_\_\_\_