



CUT OFF REQUEST

TODAYS DATE _____

ACCOUNT NAME _____

PHYSICAL ADDRESS OF SERVICE _____

MAILING ADDRESS _____

TELEPHONE # _____

REQUESTED CUT OFF DATE _____

CUSTOMER'S SIGNATURE

BY SIGNING THIS FORM, I AGREE TO PAY THE FINAL BALANCE FROM THE ABOVE ACCOUNT. I ALSO UNDERSTAND THAT I WILL RECEIVE (1) MORE BILL(S) FROM THIS ADDRESS. I UNDERSTAND THAT ANY UNPAID BALANCE WILL BE TURNED OVER TO COLLECTIONS.