



NOTICE OF CANCELLATION OF DIRECT PRE-ARRANGED ACH PAYMENTS

PLEASE FAX BACK COMPLETED FORM TO: 832-553-7849

Customer Name: _____

Customer Account # _____

Service Address: _____

Telephone: (_____) _____

Email Address: _____

Please consider this notice as my desire to terminate the Direct Pre-Arranged ACH Payments Agreement (“Agreement”) currently associated with my account. I understand that it may take 1-2 billing cycles (or approximately 4-6 weeks) from the time of this request to cancel the automatic debit feature on my account. I agree that the termination of this Agreement shall not affect any of Company’s rights or my obligation to make timely payment arrangements for electric services supplied by Company to Customer.

Customer hereby agrees to pay, indemnify and hold the Company harmless from and against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, costs, expenses or disbursements of any kind or nature whatsoever (including without limitation, legal fees) with respect to the performance of this Agreement or any procedures among the Company and the Customer, by the Company or any of the Company's directors, officers, agents or employees, unless arising from its or their own gross negligence or willful misconduct.

Signature: _____

Name: (Please Print) _____

Date: _____

PLEASE FAX BACK COMPLETED FORM TO: 832-553-7849