

**SEQUOYAH COUNTY WATER ASSOCIATION**

**ELECTRONIC PAYMENT CANCELLATION FORM**

SCWA Acct#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Name on Acct\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to cancel my monthly deductions for payments of my water bill that is deducted from my checking account each month. No further water bills will be taken out of my checking account as of the date listed by me on this form.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sequoyah County Water Association

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