



*Serving the Community Since 1965*

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148 SOUTH WILSON STREET POST OFFICE BOX 326 NIPOMO, CA 93444 - 0326  
(805) 929-1133 FAX (805) 929-1932 Website address: ncsd.ca.gov E-mail: billingclerk@ncsd.ca.gov

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**UTILITY BILLING AUTO PAY  
CANCELLATION REQUEST FORM**

This is a request to cancel a previous agreement between the NIPOMO COMMUNITY SERVICES DISTRICT and the undersigned PROPERTY OWNER. One form will be required for each account.

My signature constitutes notice to Nipomo Community Services District to cancel the Utility Billing Auto Pay Agreement for the property listed below. **I understand that this request will take effect immediately.**

SERVICE ADDRESS \_\_\_\_\_

NCSD ACCOUNT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

PROPERTY OWNERS NAME \_\_\_\_\_

PROPERTY OWNER SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Date Received _____	Date deactivated _____	Cycle mailed _____
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