

Raymond (360) 942-2411 Long Beach (360) 642-3191 Naselle (360) 484-7454

## **CANCELLATION OF ACH**

I (we) request that Pacific County PUD #	<sup>#</sup> 2 terminate the authorization	n
for the Ach transactions to my (our)	checking	savings
account. I understand that this notice must	st be received by Pacific Cou	unty
PUD #2 no less than seven business day	s before the next scheduled	withdrawal.
Account Name		
PUD Account #		BR #
Reason for Cancellation		
Reason for Cancellation		
Signature	Date	
		-
Received by	Date	