



## TERMINATION OF SUPPLY

Consumer's Name \_\_\_\_\_

Account Number \_\_\_\_\_

Termination Date \_\_\_\_\_

Tele No: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_

Building No. \_\_\_\_\_ Street Name \_\_\_\_\_

Building Directions \_\_\_\_\_

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*(Please allow 2 business days for the termination of service. Deposit Refunds take 4-6 weeks to process)*

I/We authorize the termination of the above account and will be responsible for the final bill if the final bill exceeds the amount of the deposit on the account.

Date \_\_\_\_\_ Signed \_\_\_\_\_

*(Please note any outstanding balance (debit or credit) may be transferred to an active account in the customer's name)*

**PRESENTATION OF THIS TERMINATION MUST BE ACCOMPANIED BY 1 Valid Government Issued Photo ID**

**If you wish to have your funds deposited to your account, please complete the information below:**

Name of Bank \_\_\_\_\_ Account Name \_\_\_\_\_

Branch Address \_\_\_\_\_ Branch Number \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

*(Please recheck your banking information. BPL will not be responsible for information entered incorrectly)*

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### FOR OFFICIAL USE ONLY

Deposit Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Customer ID \_\_\_\_\_ Meter No \_\_\_\_\_ S.W.O No \_\_\_\_\_

Location ID \_\_\_\_\_ Final Reading \_\_\_\_\_ Disconnection Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Manager \_\_\_\_\_