



STOP DIRECT PAYMENT PLAN

With the signing of this form, I am **CANCELING** the Automatic Bank Debit Program for the following accounts. This form must be received in the office by the 9th of the month in order to cancel the Automatic Debit for the following billing cycle.

Name on Account: _____

Telephone Number(s): _____

Date: _____

Signature: _____

**Please mail to Venture Communication Coop., PO Box 157, Highmore SD 57345 or fax to 605-852-2404.