SOUTH GRAYSON SPECIAL UTILITY DISTRICT

209 B.H. Cooke Lane

Van Alstyne, TX 75495

(903) 482-6231

sgsud@gcecisp.com

CUSTOMER DEPOSIT REFUND FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_wish to receive a refund of my deposit. I understand that if I have an outstanding balance on my account that it will be taken from my deposit and I will receive a refund for the difference.

Please forward my refund to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date

## OFFICE USE ONLY:

**Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deposit Applied: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Amount Applied: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Refund Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**