

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:

Signature

Date

OFFICE USE ONLY:

Account: _____

Deposit Applied: Yes _____ No _____

Amount Applied: \$ _____

Refund Amount: \$ _____