




Your Touchstone Energy® Cooperative 

## REVOCATION OF AUTHORIZATION FOR AUTOMATIC SERVICE TRANSFER

This is my written request and authorization for Poudre Valley REA to terminate the Automatic Service Transfer (AST) agreement for electric service at the property address(s) listed below. I am fully aware that by signing this document the Automatic Service Transfer Authorization will no longer be in effect.

AST Holders Name: \_\_\_\_\_

Last 4-Digits of SSN or Federal Tax ID: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Identification of location(s) to be removed from AST Agreement  
LIST ALL SERVICE ADDRESSES TO BE REVOKED:

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

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature