

URGENT: DISCONNECTION NOTICE

Date: [Insert Date]

Customer Name: [Insert Customer Name]

Service Address: [Insert Service Address]

Account Number: [Insert Account Number]

FINAL NOTICE PRIOR TO DISCONNECTION

This letter serves as formal notification that your [Type of Utility: Electric/Water/Gas] service is scheduled for immediate shutoff on [Insert Termination Date] due to non-payment of your past due balance.

Account Summary:

Total Amount Past Due: \$[Insert Amount]

Minimum Payment Required to Avoid Shutoff: \$[Insert Amount]

Payment Deadline: [Insert Date and Time]

To prevent the interruption of your service, you must pay the minimum amount required immediately. Payments can be made via [Insert Payment Methods: Online/Phone/In-Person].

Please note that if your service is disconnected, you may be required to pay the full account balance, a reconnection fee, and an additional security deposit before service is restored.

If you have already made this payment or are experiencing a medical emergency, please contact our billing department immediately at [Insert Phone Number].

Sincerely,

[Insert Company Name]

Customer Service Department