

I _____ (name) would like to freeze my account _____ (account number) for both billing and time for _____ (period of time) (Freezing period can not be longer than 12 months). **After this time frame billing will resume at my normal rate.** I understand that by freezing my account if I have not fulfilled my obligated time frame, the period of time that I have froze the account will be attached to the end of my agreement.

Signature _____ Date _____

Authorized Signature _____

Reason for freeze:

- Medical (Must attach medical form)
- School out of the area (Must show proof)
- Illness (Must show Dr.'s form)
- Taking care of sick family member (Must show proof)