



<i>Office Use Only:</i> Account # : _____ Route : _____
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**CITY OF BELLINGHAM – FINANCE DEPARTMENT  
210 LOTTIE STREET, BELLINGHAM, WA 98225  
PHONE (360) 778-8000 FAX (360) 778-8001**

**Autopay Cancellation For  
City of Bellingham Utility Payments**

The City of Bellingham requires a signed request to cancel Autopay. Your Autopay will continue until we receive your written request to cancel.

**Please Note:** Your bank account is charged on the date that your utility bill is due. If you are currently in process of selling your home, this may affect your closing amount.

You may mail or fax this request to us.

**Customer Name** \_\_\_\_\_

**Service Address** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Please cancel my Autopay effective on \_\_\_\_\_ and submit to the Finance Department by \_\_\_\_\_ to avoid payment for the \_\_\_\_\_ due date.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return original to:

City of Bellingham  
PO Box 5388  
Bellingham, WA 98227  
(360) 778-8000  
(360) 778-8001 fax

Retain a copy for your records