



<i>Office Use Only:</i> Account # : _____ Route : _____

**CITY OF BELLINGHAM – FINANCE DEPARTMENT
210 LOTTIE STREET, BELLINGHAM, WA 98225
PHONE (360) 778-8010 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) 778-8010
(360) 778-8001 fax

Retain a copy for your records