



FINANCE DEPARTMENT
210 LOTTIE STREET, BELLINGHAM, WA 98225
PHONE (360) 778-8011 FAX (360) 778-8001

Office Use Only:

Account # : _____

Route : _____

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.

We must receive this request **5 business days before** the current Autopay due date to ensure the upcoming payment will not be withdrawn.

Customer Name _____

Customer Phone Number _____

Service Address _____

Customer Number _____

Please cancel my Autopay effective on _____.

Signature _____ **Date** _____

Return original to:

City of Bellingham
210 Lottie Street
Bellingham, WA 98225
FAX: (360) 778-8001
EMAIL: utilitybilling@cob.org

Retain a copy for your records