



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

Office Use Only:

Account #: _____

Route: _____

Autopay Enrollment For City of Bellingham Utility Payments

Customer Name _____

Contact Phone Number _____

Service Address _____

Customer Number _____

I authorize the City of Bellingham to automatically withdraw from my bank account identified on the attached voided check or savings withdrawal slip the amount due on my city utility billing statement. I authorize my financial institution to accept such withdrawals, which shall be made from my bank account on the due date indicated on each billing statement.

***** Attach Voided Check or Savings Withdrawal Slip; Please **NO** Deposit Slips *****

Checking Account Savings Account

Signature _____ Date _____

Please note that the autopay withdrawal will not happen on the same day each month. The withdrawal from your account will occur on the due date listed on each individual billing statement. Changes to your autopay need to be received in our office 5 business days before your due date to take effect for that billing cycle.

Return original to:

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

Retain a copy for your records