



AUTOPAY CANCELLATION REQUEST

Name on Utility Account _____

Customer Number _____

Service Address _____

Reason for cancellation:

- ☐ Account Closed
- ☐ Customer request
- ☐ Other: _____

You have the option to cancel your pending autopay payment through the 15th of the month. Would you like to cancel that payment?

Please note that if you cancel your pending payment you will need to make your utility payment by some other means such as with a check or online with an electronic check or credit card at www.ci.warrenton.or.us/utilitybilling.

- ☐ Yes, please cancel my pending payment.
- ☐ No, please process this payment.

Signature _____

Date _____

City of Warrenton
PO Box 250
503-861-2233