



Lake Whatcom Water and Sewer District  
1220 Lakeway Drive  
Bellingham, WA 98229  
(360) 734-9224  
Fax 738-8250

**WRITTEN AUTHORIZATION TO CANCEL AUTOPAY SERVICE**

Owner Name \_\_\_\_\_

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

Utility Account # \_\_\_\_\_

Financial Institution \_\_\_\_\_

I am hereby providing written authorization to Lake Whatcom Water and Sewer District to cancel my Autopay service. By signing this form, I acknowledge that I understand that automatic payments from my checking account will discontinue effective immediately.

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_