



CITY OF MOUNT VERNON
AUTOPAY CANCELLATION
REQUEST FORM

Please discontinue autopay on my City of Mount Vernon Utility bill.

Account or Customer #: _____

Property Address: _____

Customer Name (please print): _____

Effective date of cancellation: _____

I understand that if at any time I wish to resume autopay I will be required to submit a new application form.

Customer Signature

Date

Please send completed form to:

City of Mount Vernon
910 Cleveland Avenue
Mount Vernon WA 98273
or
mvutilities@mountvernonwa.gov