



**City of Hoquiam  
Form to Stop/Cancel Automatic Utility Bill Payment**

**City of Hoquiam Utility Account Number** \_\_\_\_\_

**Utility Service Address** \_\_\_\_\_

**Name on Account** \_\_\_\_\_

I authorize the City of Hoquiam to stop the automatic payments for my utility bill. This is my written notification terminating my automatic utility payments.

\_\_\_\_\_  
Owner/Tenant Name (Please Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Owner/Tenant Signature

\_\_\_\_\_  
Date

**Please note:** It may take up to one month for automatic payments to be stopped. This all depends on the timing of when the form is submitted to the Finance Department.