

Cancellation for Automatic Utility Billing Payment (aka ACH payments)

Please Note:

In order for the cancellation of the ACH debit to take affect, the City of Washougal needs to be notified by the 10th of the month.

Signature: _____

City of Washougal Account Information:

City of Washougal Utility Account #: _____

Service Address: _____

Customer Name: _____ Phone #: _____

Bank information:

To confirm we are cancelling the CORRECT account number, please provide the following info:

9-digit Bank Routing # _____

Your Bank Acct #: _____

Name as it appears on your Bank Account: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

City of Washougal use only

Date Received: _____ Date Removed: _____ Initials/Removed: _____

Late fees: _____ Comments: _____

**City of Washougal
1701 C Street
Washougal, WA 98671**

**P 360.835.8501
F 360.835.8808
www.cityofwashougal.us**