

**CITY OF MONROE WATER & SEWER UTILITY BILLING  
AUTOMATIC PAY PROGRAM**

**AUTOMATIC PAY TERMINATION FORM**

- *Use black or blue ink only*
- *Fill in form online & print OR print form and type or print legibly*
- *Sign form before submitting*

*\*Mandatory Fields to be completed*

The customer hereby requests the City of Monroe to discontinue usage from the City of Monroe Water & Sewer Utility Billing Automatic Pay Program.

**\*Customer Name:** \_\_\_\_\_

**\*Water and/or Sewer Account #:** \_\_\_\_\_

\_\_\_\_\_  
\*Customer Signature

\_\_\_\_\_  
\*Date