

AUTHORIZATION TO CANCEL AUTO PAY

Please list all parcel numbers you wish canceled from the Auto Pay program, then sign and return to Whatcom County Treasurer, attention: Auto Pay Clerk. Thank you.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Signature #1

Print Name

Date

Authorized Signature #2 (if required)

Print Name

Date