



## STOP PAPERLESS BILLING

Please cancel my enrollment in the City of Yukon's Paperless Billing program. The effective date is \_\_\_\_\_.

Name on Customer Account \_\_\_\_\_

Service \_\_\_\_\_ Address \_\_\_\_\_

Billing \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**I understand that I will no longer receive an electronic bill and that a paper bill will be mailed to my billing address.**

Customer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Utility \_\_\_\_\_ Account \_\_\_\_\_ Number(s) \_\_\_\_\_