



## 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)** \_\_\_\_\_