



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) _____