



## DISCONTINUE AUTOPAY

MUA ACCOUNT NUMBER: \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE: (Please check one)  CHECKING  SAVINGS

I REQUEST THAT THE MONROE MUNICIPAL UTILITIES AUTHORITY DISCONTINUE DEBITING MY WATER AND/OR SEWER PAYMENT THROUGHOUT THE AUTO PAY PROGRAM.

NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Mail or fax this completed form at least thirty (30) days prior to the termination date to:

Monroe MUA Billing Department  
372 South Main Street  
Williamstown, NJ 08094  
Phone: (856) 629-1444 Fax: (856) 875-9469