



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**