

**AUTHORIZATION TO CANCEL AUTO PAY**

Please list all Property IDs you wish canceled from the Auto Pay program. Sign and return to the address listed below. Thank you.

_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
Authorized Signature #1	Print Name	Date
_____	_____	_____
Authorized Signature #2 (if required)	Print Name	Date

Auto-Pay Clerk  
San Juan County Treasurer  
PO Box 639  
Friday Harbor, WA 98250-0639

-or-

Scan the signed form and email it to [treasurer@sanjuancountywa.gov](mailto:treasurer@sanjuancountywa.gov)