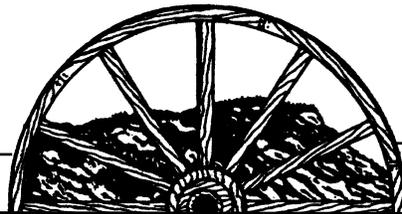

CITY OF



LA GRANDE

THE HUB OF NORTHEASTERN OREGON

H2O EASY PAY CANCELLATION

Name

Service Address

Phone

Customer Number

Effective Date

Authorized Signature

Date

I hereby authorize the City of La Grande to cancel my H2O Easy Pay Plan for my water/sewer account effective on the above stated due date.