



# APPLICATION FOR AUTOMATIC BILL PAY – BANK DRAFT

Name \_\_\_\_\_ Service Address \_\_\_\_\_

Phone # \_\_\_\_\_ Utility Account # \_\_\_\_\_

I authorize City of Ephrata Utility Billing to initiate debit withdrawals from my checking or savings account, and the financial institution listed below to transfer payment, for and in the amount of my monthly utility bill, on the 20<sup>th</sup> of each month.

Checking Account       Savings Account      (Please select one)

Bank Name \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This authorization shall remain in effect until cancelled in writing.** Please include a voided check for checking or withdrawal slip for savings with your application form. Send your completed application form to the City of Ephrata, Attn: Utility Billing, at the address below.

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## FOR OFFICE USE ONLY

Checking Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Saving Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Prenote Date \_\_\_\_\_ 1<sup>st</sup> Debit Date \_\_\_\_\_ Employee Init. \_\_\_\_\_