

APPLICATION FOR AUTOMATIC BILL PAY PLAN
(CHECKING OR SAVINGS)



City of Ephrata
121 Alder Street SW
Ephrata, WA 98823
(509)754-4601

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 20th 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 above.

FOR OFFICE USE ONLY

Checking Account # _____ Routing # _____

Saving Account # _____ Routing # _____

Prenote Date _____ 1st Debit Date _____ Employee Init. _____