



City of Bradford Refuse Department

Direct Withdrawal Application

PLEASE PRINT THE FOLLOWING INFORMATION

(For e-billing only please just fill out name, address, phone, and email address)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE # _____ PHONE # _____

BANK NAME _____

CHECKING ACCOUNT # _____

BANK ROUTING # (9 Digits) _____

THE BILL IS DUE THE LAST DAY OF THE MONTH

Optional - Check here if you would like a PDF copy of your bill e-mailed to you
INSTEAD OF receiving a paper copy in the mail.

Email Address _____

I hereby authorize a bank draft on the account designated above, not to exceed the amount of the invoice.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

SIGNATURE

DATE

For Office Use

Account Number _____ Start Date _____

Please Return completed form to:
CITY OF BRADFORD REFUSE DEPARTMENT
24 KENNEDY STREET
BRADFORD, PA 16701