



# Bradford City Water Authority

## Direct Withdrawal Application

**PLEASE PRINT THE FOLLOWING INFORMATION:**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DRIVERS LICENSE #** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**BANK NAME** \_\_\_\_\_

**CHECKING ACCT #** \_\_\_\_\_

**BANK ROUTING # (9 Digits)** \_\_\_\_\_

(# between the ":" symbols)

**X 15th of the month the bill is due**

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.

E-Mail 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 Only:

Account Number \_\_\_\_\_ Start Date \_\_\_\_\_

RETURN FORM TO:  
Bradford City Water Authority  
28 Kennedy Street  
Bradford, PA 16701