



City of Bradford Refuse Department

Direct Withdrawal Application

PLEASE PRINT THE FOLLOWING INFORMATION

NAME _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE _____ ISSUING STATE _____

PHONE # _____

BANK NAME _____

CHECKING ACCOUNT # _____

BANK ROUTING # (9 Digits) _____

 X THE BILL IS DUE THE LAST BUSINESS DAY OF EACH MONTH

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