



*City of Bradford (Refuse Department)
Direct Withdrawal Application*

PLEASE PRINT THE FOLLOWING INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DRIVERS LICENSE#: _____ **PHONE #:** _____

CHECKING ACCOUNT # _____

BANK ROUTING # (9 Digits) _____
(# between the " : " symbols)

Email address (optional): _____

Amount will be deducted on the 20th of each month.

I hereby authorize a bank draft on the account designated above, not to exceed the standard set monthly rate. Charges for extra bags and/or bulky items will be invoiced separately and mailed to the residence.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Signature _____
Date

For Office Use Only

Account #: _____ Start Date: _____

Return Form to:
City of Bradford
24 Kennedy Street
Bradford, PA 16701



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