



City of Reading Authorization for Automatic Bill Payment

I (We) hereby authorize **City of Reading**, hereinafter called **Company**, to initiate debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called **bank**, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name: _____ City/State: _____

Transit/ABA Number: _____ Acct Number: _____

Checking: _____ Savings: _____ Effective Date: Due Date

This authority is to remain in full force and effect until **Company** has received written notification from me of its termination in such time and in such manner as to afford **Company** a reasonable opportunity to act on it. I, The undersigned, state that I am the owner of the above mentioned bank account and am authorized to make this agreement.

Name (as shown on your bill): _____

Customer #: _____ Daytime Phone: _____

Service Address: _____

City _____ State: _____ Zip: _____

Mailing Address (if different): _____

E-Mail For Confirmation of Enrollment: _____

I state that I am the owner of the above mentioned bank account and am authorized to make this agreement.

Signature _____ **Date:** _____

Print Name _____ **Date:** _____

FOR COMPANY USE ONLY

Date Received: _____ By: _____

Begin with Billing _____ Cycle (Group) # _____