



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