

City of Henderson Auto Pay Authorization

Account Number (as it appears on your bill) _____ Date _____

Name (as it appears on your bill) _____ Phone Number _____

Location address (as it appears on your bill) _____

I hereby authorize the City of Henderson to make automatic withdrawals from the financial institution and account specified on this authorization form. I understand that the funds will be withdrawn from my account on my normal due date. **This authorization will remain in effect until cancelled by the City of Henderson or via signature by me.**

Name of bank _____

Address of bank _____

City/State _____ Zip Code _____

Routing Number _____ Account Number _____

Type of Account () Checking () Saving Signature _____

For Customer Service Use _____ Date _____

**Bring this application and a VOIDED check to Municipal Center 222 First St., Henderson, Ky 42420 or mail it to:
CITY OF HENDERSON TREASURY DIVISION, P.O. BOX 716, HENDERSON, KY. 42419-0716**