

# 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 I understand that the funds will be withdrawn from my account on my normal due date.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 canceled in writing by either me, City of Henderson, or the financial institution.

Name of bank \_\_\_\_\_

Address of bank \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account ( ) Checking ( ) Saving Signature \_\_\_\_\_

For Customer Service Use Data Entered By \_\_\_\_\_ Date \_\_\_\_\_

Bring this application and a voided check to Municipal Center 222 First St., Henderson, Ky 42420 or mail it to:

**CITY OF HENDERSON CUSTOMER SERVICE DIVISION, P.O. BOX 716, HENDERSON, KY. 42419-0716**

Form 06-06-16