

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 I understand that the funds will be withdrawn from my account on my normal due date.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