APPLICATION FOR AUTOMATIC BILL PAY PLAN (CHECKING OR SAVINGS)



City of Ephrata 121 Alder Street SW Ephrata, WA 98823 (509)754-4601

Name	Serv	ice Address
Phone #	Utilit	y Account #
savings account, and the		debit withdrawals from my checking or below to transfer payment, for and in the ch month.
☐ Checking Account	☐ Savings Account	(Please select one)
Bank Name		
Name on Bank Account_		
Signature		Date
check for checking or wit	hdrawal slip for savings wit	elled in writing. Please include a voided the your application form. Send your Attn: Utility Billing, at the address above.
	FOR OFFICE US	SE ONLY
Checking Account #		Routing #
Saving Account #		Routing #
Prenote Date	1 st Debit Date	Employee Init.