

## WATER/SEWER AUTO PAY FORM

I,, authorize	e the City of Harrisburg to initiate electronic debit entries
(print name)	Credit/Debit Card for payment of my utility bill for
monthly encoking/outlings Account	for paymont of my dumy sin for
	, to begin on
(print address)	(date)
I understand that I will not receive a paper	r receipt for this transaction. Fill in one box below.
CHECKING/SAVINGS ACCOUNT	CREDIT/DEBIT CARD
(please attach a voided check)	
Account Number	Card Number
Doubing Number	Expiration Date
Routing Number	.
	3-digit Code on back
Deduct on (circle one)	
	Deduct on which date, each month
<b>10</b> <sup>th</sup> or <b>20</b> <sup>th</sup>	(no date selected, default to the 20 <sup>th</sup> )
	(iii date selected, deladit to tile 20 )
Please Read and Sign:	
1. You will still receive your bill postcard. DO NOT SUB	MIT PAYMENT. The postcard is for your records only.
2. Vol. will inquir regular penalty charges if your payment	t is declined. If your normant is declined two (2) months in a row
you will be removed from auto-pay and will need to subm	t is declined. If your payment is declined two (2) months in a row,
you will be removed from auto-pay and will need to subm	in payment inimediately to avoid disconnection.
Signature	Phone Date