



## City of Bellingham AutoPay Enrollment Form

*Office Use Only:*

Account #: \_\_\_\_\_

Route: \_\_\_\_\_

**Customer Name** \_\_\_\_\_

**Service Address** \_\_\_\_\_

**Account Number** \_\_\_\_\_

I authorize the City of Bellingham to automatically withdraw from my bank account identified on the attached voided check or savings withdrawal slip the amount due on my city utility billing statement. I authorize my financial institution to accept such withdrawals, which shall be made from my bank account on the due date indicated on each billing statement.

**\*\* Attach voided check or savings withdrawal slip \*\***

**Financial Institution** \_\_\_\_\_

**Checking Account**  **Savings Account**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

***Return original to:***

City of Bellingham  
PO Box 5388  
Bellingham, WA 98227

***Retain copy for your records***