

Customer Information	
Name on Account:	
Service Address:	
Phone Number:	Account Number:

I authorize the City of Lathrop to instruct my financial institution to deduct my payment from the checking account listed on the enclosed voided check. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the City of Lathrop. I require no additional notices prior to action being taken on the authorization.

Signature

Date

******Return this form with a blank check marked "Void" to the Finance Department. *******

Place "Void" check here

Please note: Automatic bill payment can take up to 4-6 weeks for the first payment to draft from your designated bank account.