

Sign up for ***Automatic Bill Payment:***

FIRST NAME _____ MIDDLE ____
LAST NAME _____
SERVICE ADDRESS: (do not indicate P.O. Boxes)
NUMBER _____ STREET _____ APT _____
CITY _____ STATE _____ ZIP _____
ACCOUNT NUMBER _____ - _____
DAYTIME PHONE NUMBER (if we have questions about your form)
(____) _____ - _____

I authorize the City of Lathrop to instruct my bank/savings & loan/credit union 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.

Sign here
X _____

Date

- Please return this form with a blank check marked "Void" to the following address and we will begin to process your account for our ***Automatic Bill Payment.***

City of Lathrop
390 Towne Centre Dr.
Lathrop, CA 95330