

The Municipal Authority of the Borough of Derry

Application for Automatic Bill Payment

Name: _____ Date: _____

Address: _____

Phone No.: _____

Your Bank Name: _____

Bank Routing No: _____

Your Bank Account No.: _____

Water Account No.: _____

Signature: _____

Deduct from: Checking or Savings

Payment will be deducted from your designated account on the 15th of the month the bill is due.

Copy of Check must be attached for verification.