

PAY YOUR BILLS WITHOUT A PEN

Tired of writing checks and spending postage on mailing your monthly bills? Life just got easier. Sign up for our Automatic Payment Program. You'll save time, money and effort. The payment comes right out of your checking account. You can pay your City bills with **AutoPay**, it's easy and safe.

> To enroll, complete and sign the form below. Return the completed form with a **voided check** from the checking account you want the payments to be automatically withdrawn from. If a voided check is not included with the enrollment form, the account shown on the enclosed payment will be deducted.

Still have questions? Call the City Treasurer's Office at 717-255-3046.

With **Auto Pay**, the amount due will be subtracted from your checking account on the due date(s) you've chosen. You'll have up to three (3) business days before the money is withdrawn from your account, allowing you to review your bill, or to call the City Treasurer's Office to stop payments or ask questions.

Detach and return completed form...

PAYMENTS to your CHAPP enrollment,

indicate those choices to the right. \rightarrow

withdrawal will occur on the next

business day).

AUTHORIZATION FORM / C	ity of Harrisburg Automatic Paym	ent Program (CHAPP)		The state of the s	
Name		Daytime Phone	Email		
Mailing Address		City	State	Zip	
Property Address		Property Number			
List additional properties on the reverse of this fo	orm.				
	Indicate which payments you would lik	e automatically withdrawn from your	checking acco	unt:	
Already enrolled in CHAPP?	Monthly Utility Bill	City Real Estate Tax Bill	School	School Real Estate Tax Bill	
Yes If you wish to ADD ADDITIONAL	On the 15th of Each Month. (In the event that the 15th falls on a weekend or holiday, the automatic	On Discount Date of Bill. Payment Plan.		On Discount Date of Bill. Payment Plan.	

(Last business day of February,

April, June & August).

(Last business day of August,

October & December).

ENROLLMENT INSTRUCTIONS / City of Harris	sburg Automatic Payment Program (CHAPP)
→ Mail the two (2) documents listed below to:	City Treasurer's Office 10 North Second Street Suite 103 Harrisburg, PA 17101
1 Signed Authorization Agreement / Sign the agreement	ent below and be sure you've completed the Authorization Form on the other side.
2 Blank & Voided Check / Include a blank check from c	chosen checking account. In bold, write the word 'VOID' across the front of the check.
Detach signed and completed form and return to City Treasurer's Office	
Property Address 2	Property Number 2
Property Address 3	Property Number 3
Property Address 4	Property Number 4
AUTHORIZATION AGREEMENT for City of Ha	rrisburg Automatic Payment Program (CHAPP)
o debit the same to such account. This authority is to remain in full fo	y checking account as indicated. You further authorize your designated financial institution orce and effect until The City of Harrisburg has received written notification from me of its irg and my chosen designated bank a reasonable opportunity to act on it.
X	
Your Signature	Today's Date