ROSTRAVER TOWNSHIP SEWAGE AUTHORITY

1744 Rostraver Road, Belle Vernon, PA 15012   (724) 930-7667, FAX (724) 930-9401
(An Equal Opportunity Employer and Provider)

AUTHORIZATION AGREEEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Please return this completed form, along with a voided check from the account you want to use for making payments to : *Customer Service, Rostraver Township Sewage Authority, 1744 Rostraver Road, Belle Vernon, PA 15012*. Or bring it to our office in person at the same address. Do Not Send To The Lock Box Address.

I herby authorize Rostraver Township Sewage Authority to initiate withdrawals from my account at the financial institution named in this application for payment of Rostraver Township Sewage Authority monthly sewage bills. I understand each debit shall be made ten (10) days from the bill date in an amount equal to my account balance. Furthermore, I authorize the financial institution to charge such withdrawals to my account. I understand that both the financial institution and Rostraver Township Sewage Authority reserves the right to terminate this payment plan and/or my participation therein. I understand this process can take up to two (2) billing cycles. I also understand that I will have to continue to pay the sewage bill until the bank account information is verified. I also understand that if I decide to discontinue this service or to change the bank account debited, I will need to notify the Rostraver Township Sewage Authority in writing at least 30 days in advance. I also understand that a charge of $25.00 will be applied to my account for any ACH Debits that are returned from the bank for insufficient or uncollected funds.

Customer Name (*as it appears on your bill*)_____

Account No. _____   Home Phone No. _____

FINANCIAL INSTITUTION INFORMATION : __ New Request   __Bank Change

Bank Name _____Bank Telephone Number_____

Bank Home Branch Address_____

City/State/Zip _____

Account Type : ___ Checking (*attach voided check*)   ___ Savings (*no passbook*)

Bank Account Number _____

Bank Routing Number _____

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WORKING FOR YOUR HEALTH AND THE ENVIRONMENT