



# **ROSTRAVER TOWNSHIP SEWAGE AUTHORITY**

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

## **ACH DISCONTINUATION**

Please return this completed form 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.

*I, \_\_\_\_\_, hereby authorize Rostraver Township Sewage Authority to discontinue (ACH Debit) withdrawals from my account for payment of Rostraver Township Sewage Authority monthly sewage bills for Account No. \_\_\_\_\_.*

Customer Name (*as it appears on your bill*) \_\_\_\_\_

Account No. \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

End Date: \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_