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 th 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 debit such withdrawals to my account. I understand that both the financial institution and Rostraver Township Sewage Authority reserves the right 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 a 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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