AUTHORIZATION FOR AUTOMATIC PAYMENT WITHDRAWAL (ACH) FOR QUARTERLY WATER PAYMENTS

Thank you for requesting automatic payment withdrawal for your water account. Quarterly Water Payments will be withdrawn from your bank checking or savings account automatically within 5 to 7 business days prior to the due date. Please allow thirty (30) days following receipt of this authorization form for processing. Continue to pay your bill as usual until you are notified in writing that your application has been processed. ANY CHANGES TO OR DISCONTINUATION OF THIS WITHDRAWAL SCHEDULE MUST BE REQUESTED AT LEAST FIFTEEN (15) WORKING DAYS PRIOR TO THE END OF THE BILLING QUARTER AND MUST BE MADE IN WRITING. If there are insufficient funds in your account to complete the withdrawal, there will be a $35 fee assessed to cover our bank charges.

*A separate authorization agreement must be completed for each water account that automatic payment withdrawal is requested.

PLEASE ATTACH A VOIDED CHECK WITH THIS APPLICATION.

Customer Information:

Customer Name _____ Water Account Number _____

Billing Address _____ Service Address _____
(If different than Billing Address)

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Bank Information:

Financial Institution _____ Branch _____

Address _____ Phone _____

City, Sate, Zip _____ Checking _____ or Savings _____

Name on Account _____ Account # _____

Bank Routing # _____
(Bottom Left Hand Corner)

** AUTHORIZATION AGREEMENT **

I (we) hereby authorize the Borough of Seven Fields, and the financial institution designated in this application to charge the account specified above for payment of my service. I (we) understand that a fee will be charged to my account for each authorization request returned. If two authorization requests are returned, I (we) will be excluded from further participation in the plan. In addition, I (we) understand that the Borough of Seven Fields reserves the right to terminate this payment plan and/or my (our) participation therein.

Signature _____ Date _____

Print Name _____

OFFICE USE ONLY

Date Received _____ Date Entered _____ Letter Sent ____

"This Authority is an Equal Opportunity Provider"