



ROSTRAVER TOWNSHIP SEWAGE AUTHORITY

Municipal Building, 207 Municipal Dr., Belle Vernon, PA 15012 (724) 930-7667, FAX (724) 930-9401
(An Equal Opportunity Employer and Provider)

AUTHORIZATION AGREEMENT 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, 207 Municipal Dr. Belle Vernon, PA 15012.* Or bring it to our office in person at the same address

I hereby 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. Each debit shall be made monthly on the 15th 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 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) _____

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 _____

Account Holder's Signature _____ Date _____