



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, 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 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 _____