AUTHORIZATION FOR AUTOMATIC PAYMENT WITHDRAWAL (ACH) FOR MONTHLY PAYMENTS

Thank you for requesting automatic payment withdrawal for your Authority of the Borough of Charleroi account. With this process, a monthly payment will be withdrawn from your bank checking or savings account automatically on the due date specified on the bill .Please allow thirty (30) days following receipt of this authorization form for the auto pay processing to begin. Continue to pav vour bill as usual until there is a notice on the bill indicating that an automatic payment transaction will be created to pay this bill.

ANY CHANGES TO OR DISCONTINUATION OF THIS WITHDRAWAL SCHEDULE MUST BE  
REQUESTED AT LEAST TEN (10) WORKING DAYS PRIOR TO THE DUE DATE SPECIFIED ON  
YOUR BILL AND MUST BE MADE IN WRITING.

If there are insufficient funds in your account to complete the withdrawal, there will be a $50 fee assessed  
to cover our bank charges.

\*A separate authorization agreement must be completed for each Authority of the Borough of Charleroi  
account that automatic payment withdrawal is requested.

Customer Information:

Customer Name

Billing Address

City, State, Zip

Home Phone

Cell Phone

Bank Information:

Financial Institution , Branch

Address Phone

City, Sate, Zip ; Checking or Savings

Name (s) on Bank Account

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP WITH THIS APPLICATION.

\*\* AUTHORIZATION AGREEMENT \*\*

I (we) hereby authorize The Authority of the Borough of Charleroi, 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 automatic payment 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 Authority of the Borough of Charleroi reserves the right to terminate this payment plan and/or my (our) participation therein.

Signature Date ;

Account Number

Service Address

(If different than Billing Address)

City, State, Zip

Work Phone

Email

Print Name