

Automatic Cash Transfer ACH Application Form
West Hanover Township Sewer Authority

Name: _____

Service Address: _____

Phone Number: _____

Billing Address: _____

Sewer Account Number: _____

Name on Checking Account: _____

Financial Institution: _____

I wish to have my payments withdrawn automatically from the following account:

- Checking Account (**Enclose a voided check.**)

Bank Routing Number: _____

Bank Account Number: _____

Authorization Agreement for Automatic Cash Transfer

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my West Hanover Township Sewer Authority sewage bill. I agree that this includes all outstanding balances as well as current invoices. I understand this cannot fluctuate based on any payment plan or budget option. The full balance due will always be deducted on each due date. I authorize each charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying West Hanover Twp Sewer Auth. 15 (fifteen) days prior to the due date of my bill. If I stop payment two times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and/or West Hanover Twp Sewer Auth. reserve the right to terminate this payment plan at any time. Also, I may elect to discontinue my enrollment in this plan at any time.

Signature: _____ **Date:** _____

Return this signed form to:

West Hanover Township Sewer Authority
PO Box 723
Bloomsburg PA 17815

If you should have any questions, please call 877-330-1699