

SANDY TOWNSHIP MUNICIPAL AUTHORITY

P. O. Box 267
DuBois, PA 15801
(814) 371-4220
www.sandytownship.net

UTILITY BILL ACH DEBIT AUTHORIZATION FORM

*** A VOIDED CHECK MUST BE ATTACHED TO ENROLL OR CHANGE BANK ACCOUNTS ***

I wish to: Enroll _____ Withdraw _____ Change Bank Information _____

CUSTOMER NAME(S) as they appear on your bank account

1.) _____

2.) _____

MAILING ADDRESS:	CITY	STATE AND ZIP CODE
_____	_____	_____

PHONE NUMBER

PROPERTY ADDRESS

SANDY TOWNSHIP MUNICIPAL AUTHORITY ACCOUNT NUMBER:

I(We), the undersigned, hereby authorize the Sandy Township Municipal Authority ("Authority") to initiate debit entries from the account listed below for payment of utility bills and if necessary, to initiate credit entries and adjustments for any debit entries in error to my bank account at the financial institution (BANK) named below. The draft will be made monthly on the due date listed on the utility bill or the first working day following the due date. I (we) understand that I am responsible to verify that the debit was properly made and that it was for the correct amount. In the event of an error, I (we) will contact the Authority as soon as possible.

BANK / DEPOSITORY NAME	BRANCH ADDRESS:
_____	_____

CITY	STATE	ZIP
_____	_____	_____

BANK ROUTING NUMBER	ACCOUNT NUMBER
_____	_____

This Authorization is to remain in full force until AUTHORITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AUTHORITY and BANK reasonable opportunity in which to act.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

This form must be received 20 days prior to the next scheduled ACH debit transaction date.