

SANDY TOWNSHIP MUNICIPAL AUTHORITY

P. O. Box 443
DuBois, PA 15801
(814) 371-4220
<http://water.sandytownship.org>

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.