

DIRECT DEBIT AUTHORIZATION

Enrollment for Monthly Sewer Payment via ACH Withdrawal

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL (if you would prefer contact via email): _____

Please deduct my direct payment from my account as listed below:

(**Please enclose a voided check for verification**)

FINANCIAL INSTITUTION: _____

ROUTING/TRANSIT#: _____

ACCOUNT #: _____

CHECKING ACCOUNT OR SAVINGS ACCOUNT

PLEASE INDICATE WHETHER YOU WOULD LIKE YOUR PAYMENT DEDUCTED ON THE 5TH OR THE 20TH OF EACH MONTH.

DEDUCT ON THE 5TH DEDUCT ON THE 20TH

Amount of Monthly ACH Payment: \$ _____

I authorize Glade Township to deduct my sewer payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify Glade Township in writing at the following address:

Glade Township
1285 Cobham Park Rd.
Warren, PA 16365

SIGNATURE: _____ **DATE:** _____