# WESTTOWN TOWNSHIP SEWER AND TRASH BILLS
# AUTHORIZATION FOR AUTOMATIC PAYMENT DEBIT

**I/We authorize Westtown Township to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry from my/our account at the bank identified below, for the purpose of automatically debiting funds from my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U. S. law.**

BANK NAME: _____

BRANCH: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____
***Please attach a voided check***

ACCOUNT NUMBER: _____ Checking ☐ Savings ☐

New Authorization: ☐ Change to Previous: ☐ Termination: ☐

**I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until Westtown Township has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Westtown Township and the BANK a reasonable opportunity to act on it. I/We also understand that there is a twenty five-dollar ($25) fee for any returned ACH payment, and that Westtown Township will resubmit the payment automatically a second time. After the second time Westtown Township will contact me/us to arrange for another form of payment.**

**NAME(S):** _____
***Please print or type***

_____ _____
***signature*** ***date*** ***signature*** ***date***

**ADDRESS:** _____

**Email:** _____ **Phone:** _____

**ACCOUNT/PARCEL#** (***The number beginning with '67' on your bill)*** _____

*For Westtown use only*

*Trash* ____☐____ *Amount* _____

*On-Lot Program* ____☐____ *Amount* _____

*Sewer* ____☐____ *District* _____ *Amount* _____