

AUTHORIZATION FOR AUTOMATIC PAYMENT DEBIT

WESTTOWN TOWNSHIP SEWER AND TRASH BILLS

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 return check fee set annually by the Township Fee Schedule, found on our website, for any returned ACH payment.

NAME(S) _____

Please print or type

signature *date* *signature* *date*

ADDRESS _____

Phone _____

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

For Westtown use only:

Trash _____ Amount _____

On-Lot Program _____ Amount _____

Sewer _____ District _____ Amount _____