TOWANDA WATER & SEWER SYSTEMS

PO BOX 229, 724 MAIN STREET, TOWANDA PA 18848
570-265-2696

AUTHORIZATION AGREEMENT FOR ACH DEBIT PAYMENTS

Please enter the information as it appears on your bill(s):

USE REVERSE SIDE FOR MULTIPLE ACCOUNTS

Account Number(s): please separate multiple account numbers as 1) xxxxx; 2) xxxxx; 3) xxxxx; etc.

Name:

Service Address:

Mailing Address:

City:

State: **Zip Code:**

Bank Information:

Name on Account:

Name of Financial Institution:

Check One:

☐ **Checking Account (provide voided check) – Account #:**

☐ **Savings Account (provide voided deposit slip) - Account #:**

Bank ABA Routing # & Check Digit #:
(the first 9 digits located in the lower-left corner of the check or deposit slip)

Authorization Agreement for ACH Debit Payments:

I hereby authorize my financial institution and TOWANDA MUNICIPAL AUTHORITY (d/b/a TOWANDA WATER & SEWER SYSTEMS) to charge the account(s) specified in the full amount(s) of my monthly TOWANDA MUNICIPAL AUTHORITY bill(s) and sends that/those amount(s) to TOWANDA MUNICIPAL AUTHORITY. I agree that each charge to my account shall be the same as I had signed a check to pay my bill. This authority will remain in effect until I supply TOWANDA MUNICIPAL AUTHORITY with written notice to terminate the payment plan. Notice must be 15 days before the due date and shall be effective only with respect to payments after the TOWANDA MUNICIPAL AUTHORITY'S receipt of such notification. In addition, I have the right to stop payment of a charge by notifying my financial institution before the stated due date. I understand that both the financial institution and TOWANDA MUNICIPAL AUTHORITY reserve the right to terminate this payment plan and/or my participation therein. If I discover a problem with my monthly bill(s), I will give TOWANDA MUNICIPAL AUTHORITY at least four working days notice prior to the due date to adjust the bill amount(s), if necessary. Otherwise, I will not expect any interest on over-payments due to errors. Failure to notify TOWANDA MUNICIPAL AUTHORITY of closing my bank account or to maintain sufficient funds will result in additional service charges.

Signature: _____

Date: _____

RETURN FORM WITH A VOIDED CHECK OR DEPOSIT SLIP

(Rev. 6/1/25)