

DERRY TOWNSHIP SANITARY SEWER AUTHORITY

DIRECT PAYMENT AUTHORIZATION FORM

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Derry Township Sanitary Sewer Authority is pleased to offer you a new service – Direct Payment.
Now you can have your sewer rental payment made automatically from your bank account!

Benefits of enrolling in Direct Payment includes:

- Saves time – write fewer checks
- Make payments in a timely manner without incurring a late fee – even if you are on vacation or out of town
- No lost or misplaced statements – your payment will always be on time
- Save postage
- Easy sign-up process and easy to cancel

Here is how Direct Payment works:

Fill out the attached authorization form to authorize regularly scheduled payments to be made from your checking account. You will receive your utility bill statement so that you can verify its accuracy and record the amount of your payment. There will be a note on the bill that states, “ACH-Autopay Automatically Deducted on Due Date”. You may prefer to go paperless and receive your bill by e-mail.

The authority you give us to use Direct Payment will remain in effect until you notify us in writing to terminate the authorization.

Direct Payment is convenient, dependable, easy and flexible. To take advantage of this valuable service, please take a moment to complete the attached authorization form and return it along with a **VOIDED or CANCELLED CHECK** to:

Derry Township Sewer Authority	Hours: Monday, Tuesday,
74 Reserve Lane	Thursday and Friday: 8:00 – 4:30
Lewistown, PA 17044	Wednesday: 8:00 – 12:00
	Closed Daily for lunch: 12:00 – 12:30

Call (717) 248-0383 with any questions.

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Company Name: Derry Township Sanitary Sewer Authority FED #: 23-2342723

I (we) hereby authorize the Derry Township Sanitary Sewer Authority, hereinafter called the AUTHORITY to initiate electronic entries to my (our) checking account as indicated at the depository financial institution named below, hereinafter called the DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the **provision of U. S. Law.**

Depository

Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the AUTHORITY has received written notification from me (or any account owner) of its termination in such time and in such manner as to afford the AUTHORITY and DEPOSITORY a reasonable opportunity to act on it.

Date: _____

Signature: _____

Name: _____
[PLEASE PRINT]

Phone Number: _____ Service Address: _____

Paperless Billing? NO YES E-mail address: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

[PLEASE ATTACH CANCELLED/VOIDED CHECK HERE]