

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

I, _____, hereby authorize the Philipsburg Borough to initiate debits for monthly sewer payments from the checking/savings account indicated below. If an error occurs in the transaction amount, I hereby authorize the Philipsburg Borough to initiate a correcting transaction to/from the checking/savings account indicated below. I will notify the Philipsburg Borough in writing if I want to stop or change the debit amount.

SEWER ACCOUNT #: _____

PLEASE CHOOSE THE 5TH OR 25TH AS THE DATE YOU WANT THE DEBIT TO OCCUR EACH MONTH, IF NO DATE IS CHOSEN WILL DEBIT ON THE 5TH. DATE OF MONTHLY DEBIT: ___ 5TH ___ 25TH

DEBIT AMOUNT \$ (MONTHLY) _____

START DATE: _____

DEPOSITORY NAME: _____

BRANCH: _____ **CITY:** _____ **STATE:** _____

TRANSIT/ROUTING #: _____

ACCOUNT #: _____

TYPE OF ACCOUNT: ___ **CHECKING** ___ **SAVINGS**

NAME(S) ON ACCOUNT: _____

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

***** Attach a voided check.**

If an attempted debit is returned for insufficient funds there will be fees and the payment must be made within ten days with cash, money order, cashier's check or certified check.

You will no longer receive a bill by mail. If you provide your email you will receive an e-bill:
