

**AUTHORIZED AGREEMENT FOR DIRECT DEBIT PAYMENTS**

Dear Valued Customer,

West Brandywine Township Municipal Authority would like to invite you, if you're interested, to sign up for Direct Debit payments. This service offers you an easy and convenient way to pay your sewer bill and eliminates long mail delays, late fees and postage fees as your bill is paid automatically each quarter from your bank account. To enroll in the Direct Debit program, simply complete the application below & return it along with a VOIDED check to:

West Brandywine Township Municipal Authority  
198 Lafayette Road  
West Brandywine, PA 19320

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Name (As shown on your bill) \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing/Mailing Address (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name (As show on checking account) \_\_\_\_\_

Account Number \_\_\_\_\_ 9-Digit Routing Number \_\_\_\_\_

Financial Institution \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize West Brandywine Township Municipal Authority and the Financial Institution above to charge the account I have specified for payment of my sewer bill. I understand that a fee will be charged to my account for each request for insufficient funds. In addition, I understand that both the financial institution and West Brandywine Township Municipal Authority reserve the right to terminate this payment plan and/or my participation. Should I choose to withdraw from the plan, I will notify West Brandywine Township Municipal Authority in writing thirty (30) days in advance.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

PLEASE PRINT LEGIBLY