

**ROARING SPRING MUNICIPAL AUTHORITY
616 SPANG STREET, P. O. BOX 33
ROARING SPRING, PA 16673
814-224-4814 Fax: 814-224-4610**

Email: rsboro@roaringspring.net

ACH BANK DRAFT PAYMENTS SIGN-UP FORM

CUSTOMER INFORMATION

NAME: _____

ADDRESS: _____

ACCOUNT NO: _____

E-MAIL ADDRESS: _____ = EMAIL BILLING

****To receive your water and/or sewer bill "FREE" BY EMAIL.**

TELEPHONE NO. _____

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

NAME ON ACCOUNT: _____

BANK ROUTING/TRANSIT NO: _____

ACCOUNT NO: _____

ACCOUNT TYPE (circle one): CHECKING / SAVINGS

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Roaring Spring Municipal Authority to deduct my monthly utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to the Roaring Spring Municipal will revoke this authorization.

The Roaring Spring Municipal Authority reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date