

Automatic Cash Transfer ACH Application Form

Name: _____

Service Address: _____

Phone Number: _____

Billing Address: _____

Sewer/Sanitation Account Number: _____

Name on Checking Account: _____

Financial Institution: _____

☐

I am owner of this property.

☐

I am a tenant at this address.

Please write the owner's name and address on the back of this page.

Thank you.

I wish to have my payments withdrawn automatically from the following account:

☐ Checking Account (Enclose a voided check.)

☐ Savings Account (Obtain the following from the bank)

Bank Routing & Transit Number: _____

Bank Account Number: _____

On the 20th of every month

Authorization Agreement for Automatic Cash Transfer

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my Borough of Nesquehoning Sewer/Sanitation bill. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying the Borough of Nesquehoning within 15 (fifteen) days of the due date of my bill. If I stop payment 2 (two) times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and/or the Borough of Nesquehoning reserve the right to terminate this payment plan at any time. Also, I may elect to discontinue my enrollment in this plan at any time. If at any time a payment is returned for insufficient funds, there will be a \$35.00 fee assessed on your account.

Signature: _____ Date: _____

Return this signed form to: Borough of Nesquehoning, 114 W. Catawissa Street, Nesquehoning, PA 18240

If you should have any questions, please call 570-669-9588.