

EAST PENNSBORO TOWNSHIP
AUTHORIZATION FOR AUTOMATIC WITHDRAW

Please complete the form below, send it to us along with a voided check from the account you want debited, and we will take care of the rest.

Once you sign up, your sewer and/or trash and stormwater payment will be processed on the bill due date. Please be aware that due dates are always on a Friday, you may not see the pending transaction in your account until the next business day. Please refer to your quarterly bill for due dates and for any rate changes that may have occurred.

The current quarterly residential rates are \$91.50 for sewer; \$51.50 for sanitation and \$22.00 for Stormwater fees. Multi-Unit housing, apartment complexes, and commercial properties may have different rates.

Please note the following before you subscribe:

- Make sure the magnetic numbers across the bottom of the voided check are intact, that the check is from the account you want debited, and that there are enough funds in the account to cover your bill on the day it is due. If payment is rejected for non-sufficient funds, there will be a \$25.00 service charge added to your account.
- To discontinue automatic payments, you must notify us in writing 3 weeks prior to the next billing date.
- Refer to your quarterly bill for due dates and for any rate changes that may have occurred.

PLEASE RETURN THIS ENTIRE FORM ALONG WITH YOUR VOIDED CHECK TO:
EAST PENNSBORO TOWNSHIP ATTN: BILLING DEPT, 98 S. ENOLA DR., ENOLA, PA 17025

Name: _____ Sewer Acct #: _____

Property Address: _____

Billing Address (if different): _____

Phone Number: _____

E-Mail: _____

I/We hereby authorize East Pennsboro Township to withdraw the cost of my quarterly sewer and/or sanitation and stormwater bill from my/our checking account. This authorization will remain in effect until I/We provide three (3) weeks notification in writing to terminate this agreement. I/We agree to immediately notify East Pennsboro Township of any changes made to the account and/or Financial Institution the funds are being withdrawn from.

NOTE: If the checking account is in joint names, both owners must sign this authorization.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____