

Automatic Cash Transfer ACH Application Form

Customer #: _____

Name: _____

Service Address: _____

Phone Number: _____

Billing Address: _____

Name on Bank Account: _____

Financial Institution Name: _____

Financial Institution Address (Branch, City, State, Zip): _____

I wish to have my payments withdrawn automatically from the following account (check one):

☐ Checking Account ☐ Savings Account (Please enclose a voided check or deposit slip.)

Bank Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check:


Routing Number Account Number

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 Pen Argyl Borough sewer bill. I agree that this includes all outstanding balances as well as current invoices. I understand this cannot fluctuate based on any payment plan or budget option. The full balance due will always be deducted on each due date. I authorize each 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 Pen Argyl Borough within 15 (fifteen) days of the due date of my bill. If I stop payment two times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and/or Pen Argyl Borough 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. I also authorize Pen Argyl Borough to initiate adjustments for any transactions debited or credited in error. This authorization will remain in effect until Pen Argyl Borough is notified by me in writing to cancel it, in such time as to give Pen Argyl Borough and my financial institution a reasonable opportunity to act on it.

Signature: _____

Date: _____

PAPERLESS (E-BILL) SIGN-UP

☐ I wish to ONLY receive my sewer bills electronically, via E-bill.

Email address: _____

Return this signed form to:

**Pen Argyl Borough
PO Box 179
Bloomsburg, PA 17815**

If you should have any questions, please call 877-330-1699