

AUTHORIZATION AGREEMENT FOR AUTOMATIC ENTRIES

I hereby authorize the **Conemaugh Township Sewer Department** to initiate debit entries, and, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

Please attach a voided check to this form and return to the Conemaugh Township Sewer Department.

Financial Institution Information:

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA Number (Routing Number): _____

Account Number: _____

Account Type: checking savings

Conemaugh Township Sewer Account Information:

Customer Name: _____

Service Address: _____

Phone Number: _____

Sewer Account Number: _____

This authorization is to remain in full force and effect until the **Conemaugh Township Sewer Department** has received written notification from me of its termination in such time and manner as to afford the **Conemaugh Township Sewer Department** a reasonable opportunity to act on it.

Full Name (first, middle, last) – Please Print

Signature (required)

Date