

# APPLICATION FOR AUTOMATIC PAYMENT WITHDRAWAL (ACH) FOR MONTHLY PAYMENTS

Thank you for requesting automatic payment withdrawal for your Mon Valley Sewage Authority account. With this process, a monthly payment will be withdrawn from your bank checking or savings account automatically on the 17<sup>th</sup> of every month or the following business day. Please allow thirty (30) days following receipt of this authorization form for the automatic withdrawal to begin. Please continue to pay your bill as usual until there is a notice on your bill indicating that automatic payment will be made.

ANY CHANGES TO OR DISCONTINUATION OF THIS WITHDRAWAL SCHEDULE MUST BE RECEIVED IN WRITING AT LEAST TEN (10) DAYS PRIOR TO THE 17<sup>TH</sup> OF THE MONTH OR FOLLOWING BUSINESS DAY.

If there are insufficient funds in your account to complete the withdrawal, there will be a \$50.00 fee assessed to your account.

\*\*If you have more than one account with Mon Valley Sewage Authority, separate authorization agreements must be completed for each account.

## Customer Information: (Please print)

Customer Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

MVSA Account Number \_\_\_\_\_  
Service Address \_\_\_\_\_  
(If different from Billing Address)  
City, State, Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Bank Information: (Please print)

Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Name(s) on Bank Account \_\_\_\_\_

Branch \_\_\_\_\_  
Phone \_\_\_\_\_  
Checking \_\_\_\_\_ or Savings \_\_\_\_\_

**\*\*\*PLEASE ATTACH A VOIDED CHECK WITH THIS APPLICATION\*\*\***

## **\*\*\*AUTHORIZATION AGREEMENT\*\*\***

I (we) hereby authorize Mon Valley Sewage Authority, and the financial institution designated above to charge the account specified for payment of my service. I (we) understand that a fee will be charged to my account for each automatic payment request returned. If two authorization requests are returned, I (we) will be excluded from further participation in the plan. In addition, I (we) understand the Mon Valley Sewage Authority reserves the right to terminate this payment plan and/or my (our) participation therein.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

DATE ENTERED \_\_\_\_\_