

**BOROUGH OF SINKING SPRING
SEWER BILLING DEPARTMENT
3940 PENN AVENUE
SINKING SPRING, PA 19608
Phone (610) 678-4903 Fax (610) 678-5802**

If you are interested in having your monthly sewer/refuse bill automatically debited from your checking or savings account on the due date, please complete the form below and return it to the above listed address along with a voided check.

Thank you.

Elizabeth A. Eagelman
Borough Secretary

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company

Name: BOROUGH OF SINKING SPRING

Company

ID Number: xxxxxxx945

I (we) hereby authorize The Borough of Sinking Spring, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings Account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U. S. law.

Depository Name _____

City _____ **State** _____ **Zip** _____

Transit ABA No. _____ **Account No.** _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ **Sewer Acct. No.** _____

Address _____

Date _____ **Signature(s)** _____
