

(Complete form and return to Schuylkill Haven Utilities)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Schuylkill Haven Borough Company ID Number _____

I (we) hereby authorize SCHUYLKILL HAVEN UTILITIES, 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. _____

In the event of insufficient funds, I understand my utilities account will be charged a \$35.00 insufficient funds charge.

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) _____ ID Number _____
(please print)

Date _____ Signed X _____ Signed X _____