

Fishertown Water Association

206 Hammond Hill Road, PO Box 149

Fishertown, PA 15539

(814) 839-4032

ACH Direct Debit Authorization Form

I (we) hereby authorize **Fishertown Water Association**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

DEPOSITORY (Financial Institution)

NAME ON BANK ACCOUNT _____ BANK NAME _____

BANK CITY _____ STATE _____ ZIP _____

BANK ROUTING NO. _____ BANK ACCOUNT NO. _____

This authorization 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.

✓ WATER ACCOUNT NAME(S) _____ ✓ WATER OFFICE ACCT# _____

✓ EMAIL ADDRESS _____ ✓ PHONE # _____

✓ DATE _____ ✓ SIGN _____

✓ CHECK ONE: **Check the box that says ADD if you'd like to join the ACH program.**

I am not currently participating in the Direct Debit Program.

ADD – Withdrawal my payment from the account shown. *

I am currently participating in the Direct Debit Program.

CHANGE – Change Financial Institutions and/or account number. *

CANCEL – Stop my participation in the program.

*Due to the time required for COMPANY and bank processing, allow one or two billing periods for processing.

✓ TAPE YOUR VOIDED CHECK HERE