

INDEPENDENCE – CROSS CREEK JOINT SEWER AUTHORITY
34 CAMPBELL STREET, AVELLA, PA 15312
P.O. BOX 156, AVELLA, PA 15312
(724) 507-6464

AUTOMATIC WITHDRAW (ACH) AUTHORIZATION FORM

I (we) authorize Independence – Cross Creek Joint Sewer Authority (ICCJSA) to receive payments via automatic withdrawal from my (our) bank account.

Complete the following information:

Name (as shown on your ICCJSA bill) _____

ICCJSA Account Number _____

Name of Bank _____

Type of Account: Checking _____ Savings _____

Account Number _____

Bank Routing Number _____

The withdrawal will be made from your account on the 25th of the month. If the 25th falls on a Saturday or a Sunday, the withdrawal will occur the following Monday. If the 25th falls on a holiday, the withdrawal will occur on the next business day.

All balances must be paid in full... there cannot be any partial payments automatically withdrawn.

Telephone Number: _____

Print Name _____ Date _____

Signature _____

Joint account owner if applicable:

Print Name _____ Date _____

Signature _____

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

Please attach a voided check here.