



690 Valencia Road, P.O. Box 807, Mars PA 16046
724-625-3166 (phone) 724-625-3134 (fax)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Please return this completed form, along with a voided check from the account you want to use for making payments to: Customer Service, Municipal Water Authority of Adams Township (MWAAT), 690 Valencia Road, P.O. Box 807, Mars PA 16046. Or, you may bring it to our office in person at the same address.

I hereby authorize **MWAAT** to initiate withdrawals from my account at the financial institution named in this application for payment of **MWAAT** monthly water bills. I understand each debit shall be made ten (10) days from the bill date in an amount equal to my account balance. Furthermore, I authorize the financial institution to charge such withdrawals to my account. I understand that both the financial institution and **MWAAT** reserves the right to terminate this payment plan and/or my participation therein. I understand this process can take up to two (2) billing cycles. I also understand that I will have to continue to pay the water bill until the bank account information is verified. I also understand that if I decide to discontinue this service or to change the bank account debited, I will need to notify the **MWAAT** in writing at least 30 days in advance.

Customer Name *(as it appears on your bill)* _____

Account No. _____ Phone No. _____

FINANCIAL INSTITUTION INFORMATION: New Request Bank Change

Bank Name _____ Bank Telephone Number _____

Bank Home Branch Address _____

City/State/Zip _____

Account Type: Checking (*attach voided check*) Savings (*no passbook*)

Bank Routing Number _____

Bank Account Number _____

Account Holder's Signature _____ Date _____