

## DIRECT DEBIT AUTHORIZATION FORM

I (we) hereby authorize NORTHEASTERN YORK COUNTY SEWER AUTHORITY, hereinafter called the Company, to initiate debit entries to my (our) account indicated below, and the Financial Organization named below to debit the same to such account. This authorization is to remain in full force and effect until the Company has received written notification from me (us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act upon it. Should the quarterly rates increase or decrease, the updated amount will be withdrawn from my account unless I contact the Sewer Authority office to discontinue my direct debit payments.

I agree to withdrawals for my sewer charges at the current rate of **\$137.00** per quarter, from the account listed below on the following dates: **December 27, March 27, June 27, and September 27**. This form must be returned by the 1<sup>st</sup> of the month that the bill is due in order for the debit to take place for the current billing cycle.

Today's Date: \_\_\_\_\_

### CUSTOMER INFORMATION

Customer Name \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Service Address \_\_\_\_\_

Phone number \_\_\_\_\_

Sewer Acct. No. \_\_\_\_\_

Email Address \_\_\_\_\_

Customer Signature \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION

Name of Bank \_\_\_\_\_

Bank Address \_\_\_\_\_  
\_\_\_\_\_

ABA Routing/Transit Number \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

Checking or Savings Account? \_\_\_\_\_

**PLEASE ENCLOSE A VOIDED CHECK FROM YOUR CHECKING ACCOUNT**

### Office Use Only:

Customer Account # \_\_\_\_\_

Date Entered: \_\_\_\_\_

RETURN TO:  
Northeastern York County Sewer Authority  
200 N Main Street  
PO Box 516  
Mt Wolf PA 17347-0516  
billing@nesewer.org