

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 Should the quarterly rates increase or decrease, the updated amount will be withdrawn from my account unless I contact the Sewer Authority office to discontinue my direct debit payments.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 **\$145.00** 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 1st 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

FINANCIAL INSTITUTION INFORMATION

Customer Name _____

Name of Bank _____

Billing Address _____

Bank Address _____

Service Address _____

ABA Routing/Transit Number _____

Phone number _____

Bank Account No.: _____

Sewer Acct. No. _____

Checking or Savings Account? _____

Email Address _____

Customer Signature _____

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