

# CONSUMER DEBIT AUTHORIZATION

*Direct Payment Enrollment for Recurring Bill Payment*

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

SEWER /WATER ACCT. #: \_\_\_\_\_ MONTHLY AMT.: \_\_\_\_\_

**Please deduct my Direct Payment from my account:**

Name of Bank/Savings & Loan/Credit Union:

\_\_\_\_\_

Checking

Routing Number

\_\_\_\_\_

Savings

Account

Number \_\_\_\_\_

I authorize Sugarcreek Borough to deduct my sewer/water payment(s) from the account listed above on the 15<sup>th</sup> or next business day of each month. If for any reason my payment is declined by my financial institution, I understand there will be a \$10.00 Service Fee and any applicable late fees/penalties will be assessed to my account. I understand my automatic payment will be cancelled, unless I make full payment by the 13<sup>th</sup> of the following month.

This payment plan will remain in effect until such time I notify Sugarcreek Borough in writing at the following address: Borough of Sugarcreek, 212 Fox Street, Franklin, PA 16323.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** Enclose a voided check or savings deposit slip with this form.