

Annville Township Authority Direct Payment Authorization Form

We are pleased to offer you a new service-the Direct Payment Plan. Now you can have your sewer/trash payment deducted automatically from your checking or savings account and you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time - fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner-even if you're on vacation or out of town.
- Your payment is always on time.
- It's easy to sign up for, easy to cancel
- No late charges

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified day. Proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. We will notify you of the payment amount at least ten (10) days before the effective payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

1. Indicate whether your payment will be deducted from your checking or savings account by marking the box to the left of the account type.
2. Fill in your name, address, financial institution name and location and today's date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your bank account number and routing number.

Please be sure to sign the form!

Return the form to the:

Annville Town Hall
36 N. Lancaster Street
PO Box 178
Annville, PA 17003

Direct Payment Authorization Form

I authorize **Annville Township** to initiate electronic debit entries to my:

☐ Checking account

☐ Savings account

For payment of my Sewer and/or Trash bill.

Name _____ Phone _____

Address _____

Banking Information:

Financial Institution Name: _____

Financial Institution Location: _____

Routing Number: _____ Account Number: _____

Authorization:

Signature: _____ Date: _____

For Office Use:	Billing Account Number(s):	
_____	_____	_____
_____	_____	_____
_____	_____	_____