

Auto Pay Plan Authorization Form

Electric Account # _____ Phone _____

Sewer Account # _____ Address _____

Name _____ State _____ Zip _____

I hereby authorize the Catawissa Borough to automatically withdraw from my account identified below, the total amount due on my electric and sewer bills. I authorize the Financial Institution named below to accept such transactions initiated by the Catawissa Borough. The withdrawal shall be made from my account on the fifteenth of each month, unless it falls on a weekend day. The authorization is to remain in effect until the borough has received written notification of termination from me fifteen (15) days before the withdrawal date.

Financial Institution-Name _____

ABA Routing # _____ Checking Account # _____

Signature _____ Date _____

Please return this form to:

Catawissa Borough
307 Main Street
Catawissa, PA 17820

Attach voided check here

