

Catawissa Borough
ACH Authorization Form

SEWER ACCOUNT # _____

PHONE# _____

ELECTRIC ACCOUNT# _____

ADDRESS _____

NAME _____

STATE _____ ZIP _____

***Payments are withdrawn on the 15th of every month or the next business day if the
15th is on a weekend or Holiday***

I hereby authorize Catawissa Borough to automatically withdraw from my account, identified below, the total amount due on my electric and/or sewer bill(s).

I authorized the Financial Institute 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 a written notification of termination from me fifteen (15) days before the withdrawal date.

NAME(S) ON CHECKING/SAVINGS ACCOUNT _____

FINANCIAL INSTITUTION(NAME) _____

ABA ROUTING# _____ ACCOUNT# _____

CHECKING OR SAVINGS? _____

SIGNATURE _____ DATE _____

Please return this form to
Catawissa Borough
307 Main Street
Catawissa, PA 17820

Attach Voided Check Here

