

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**Payments are withdrawn on the 15th of every month or the next business day if the 15th is on a weekend or Holiday**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

**Your first withdraw date is:** \_\_\_\_\_

You are responsible to pay any outstanding balance before this 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**

