



Automatic Cash Transfer (ACH) Application Form

Name: _____

Service Address: _____

Phone Number: _____

Billing Address: _____

Sewer Account Number: _____

Financial Institution: _____

I wish to have my payments withdrawn automatically from the following account:
(Enclose a voided check or deposit slip)

Checking Account

Savings Account

Bank Account Number: _____

Bank Routing Number: _____

Authorization Agreement for Automatic Cash Transfer

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my Patterson Township sewer usage bill. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying Patterson Township Municipal office within 15 (fifteen) days of the due date of my bill. In addition, I understand that both the financial institution and/or Patterson Township reserve the right to terminate this payment plan at any time. I may also elect to discontinue my enrollment in this plan at any time.

Signature: _____ Date: _____

Return this signed form by fax, email or mail:

Fax to: (724) 843-8687

Email to: billing@pattersonwp.com

Mail to: Patterson Township

1600 19th Avenue

Beaver Falls, PA 15010

If you have any questions, please call (724) 843-8339.