

**DIRECT DEBIT PAYMENT  
AUTHORIZATION FORM**

Water/Sewer  
Account Name \_\_\_\_\_

Water/Sewer  
Account No. \_\_\_\_\_

I authorize [North East Township Water/Sewer Dept.](#), to initiate a debit from my ( ) **Checking** ( ) **Savings** account (select one) indicated at the depository financial institution named below. Also, if necessary, initiate adjustments for any transactions debited in error.

**OPTIONS:**

\*\*Monthly Withdrawal

or

Quarterly Amount Due

1st Pymt \$ \_\_\_\_\_ 2nd Pymt \$ \_\_\_\_\_

3rd Pymt Bal Due

Please v Box and Initial here \_\_\_\_\_

All payments will be deducted on the 15th.

\*\*Please call office for further info

Depository  
Bank Name \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_ Account No. \_\_\_\_\_

Customer  
Name \_\_\_\_\_

**PLEASE PRINT**

Authorized  
Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
**TITLE/POSITION**

**NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.**

**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. STAPLE VOIDED CHECK BELOW.**