

DIRECT DEBIT PAYMENT AUTHORIZATION FORM

Company Name: Municipal Sewage Authority of the Township of Sewickley

Company Tax ID # 23-2944472

I authorize The Municipal Sewage Authority of the Township of Sewickley, hereinafter called MSATS, to initiate debit entries to my
() Checking () Savings account (select one) indicated below at the
depository financial institution named below, hereinafter called
DEPOSITORY. Also, if necessary, initiate adjustments for any
transactions debited in error.

Depository
Bank Name _____ Branch _____
City _____ State _____ Zip _____
Routing/Transit Number _____ Account No. _____

This authorization will remain in full force and effect until MSATS has
received written notification from me of its termination in such time and in
such manner as to afford MSATS and DEPOSITORY a reasonable
opportunity to act on it.

Customer
Name _____ SSN _____
PLEASE PRINT
Customer
Signature _____ Date _____
MSATS Account No. _____ Phone _____

OPTIONAL:
~~Depository Bank Verification:~~ _____ Date: _____
SIGNATURE OF BANK REPRESENTATIVE

**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.**

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