

Automatic Clearing House (ACH) & E-mail Billing Application Form

The following programs are **OPTIONAL**. You are not required to sign up for either of the offered programs.

ACH will be effective on your NEXT billing.

You will still be required to submit a payment for the current bill cycle if not already paid in full.

Please complete the sections below if you want to sign up for ACH or email billing.

Account Number: _____

Billing Address: _____

City, State, Zip: _____

Contact Name/Phone: _____

Authorization Agreement for Automatic Clearing House (ACH)

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on this monthly utility invoice. 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 the Billing Department within 15 (fifteen) days of the due date of my bill. I may elect to discontinue my enrollment in this plan, at any time.

Signature: _____ Date: _____

I wish to have my payments withdrawn, automatically, from the following account:

Checking Account (**Enclose a voided check**) Savings Account

Bank Routing & Transit Number: _____

Customer's Account Number: _____

Name on Checking Account: _____

Financial Institution: _____

E-mail Billing:

I would like my bill **e-mailed** to me at _____

You will no longer receive a paper copy of your bill in the mail. Please print your email address clearly.

Signature: _____ Date: _____

Return this signed form to:

Milton Regional Sewer Authority
5585 State Route 405
Milton, PA 17847

If you have any questions, please call (570) 742-3424