

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

Originator Name: Pleasant Township, 8 Chari Lane, Warren, PA 16365

I (we) hereby authorize Pleasant Township, hereinafter called ORIGINATOR, to initiate debit entries to my (our) **Checking Account** / **Savings Account** (*select one*) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

PLEASE PRINT CLEARLY

Depository (Bank) Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until ORIGINATOR has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ Sewer Acct #: _____

Address: _____

Phone: _____ Email: _____

Date: _____ Signature: _____

Note: All written debit authorizations **MUST** provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.