DEBIT AUTHORIZATION FORM

I (we) hereby authorize Hawley Area Authority to initiate debit entries to my (our) checking /savings accounts indicated below at the depository financial institutions named below, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account (s) must comply with the provision of U.S. Law.

TERMS Set Amount: \$	Property Owner (s): _					
Account No. Property Address: Property Address: Account No. Property Address: Property Address: Account No. Property Address: Account No. Property Address of Financial Institution where account will be debited Routing Number Address of Financial Institution – Branch, City, State, Zip Account Title Account Number: Type (circle): Checking Savings TERMS Set Amount: \$ Maximum	Account No.	Property Address:				
Account No Property Address:	Account No					
Account No Property Address:	Account No	_ Property Address:				
Name of Financial Institution where account will be debited Address of Financial Institution – Branch, City, State, Zip Account Title Account Number: Type (circle): Checking Savings TERMS Set Amount: \$	Account No					
Address of Financial Institution – Branch, City, State, Zip Account Title Account Number: Type (circle): Checking Savings TERMS Set Amount: \$		DEBIT ACC	OUNT INFORMA	TION		
Address of Financial Institution – Branch, City, State, Zip Account Title Account Number: Type (circle): Checking Savings TERMS Set Amount: \$	Name of Financial Instit	rution where account will be	debited	Routing Number		
Account Title Account Number: Type (circle): Checking Savings TERMS Set Amount: \$						
TERMS Set Amount: \$	Address of Financial Ins	titution – Branch, City, State,	Zip			
TERMS Set Amount: \$	Account Title					
Set Amount: \$	Account Number:			Type (circle): Checking	Savings	
This authorization will remain in effect until Hawley Area Authority receives in writing a notice of cancellation. For accounts with past due balances this authorization also serves as a payment arrangement with the Authority to bring accounts to a current status. Once the account is current the monthly ACH withdrawal amount will revert to the current monthly sewer rent in effect at that time. The notice of cancellation must be received in such time as to afford the company reasonable opportunity to act on it. I agree with the terms and conditions of this service and verify that the above information is accurate and true. I understand that I may cancel this service at any time by written notice. Please attach a voided check with your form. Please note once your ACH withdrawals begin you will no longer receive a monthly invoice. An annual statement will be sent each January for the previous year. Authorized Signer (s) Date Date			TERMS			
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	Authorized Signer (s)			Date		
Phone No. Email:	Authorized Signer (s)			Date		
	Phone No.		Email:			

Hawley Area Authority, P.O. Box 145 Hawley, PA 18428 570-226-2279