

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.

Property Owner (s): _____

Account No. _____	Property Address: _____
Account No. _____	Property Address: _____
Account No. _____	Property Address: _____
Account No. _____	Property Address: _____

DEBIT ACCOUNT INFORMATION

Name 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 Amount: \$ _____
Frequency: _____	Beginning Date: _____

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 _____

Authorized Signer (s) _____ Date _____

Phone No. _____ Email: _____

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