

LYCOMING COUNTY WATER AND SEWER AUTHORITY
PO BOX 186; MONTOURSVILLE, PA 17754
Toll Free: (877) 546-8005

Please specify the month
and year in which you
would like your automatic
payments to begin.

Name _____ /20_____
Customer Number (from your billing statement) _____
Address _____
Phone: _____

AUTHORIZATION FOR PRE-ARRANGED DEBIT (ACH)

☐ Initial Authorization ☐ Change of financial institution ☐ Change of account number ☐ Cancel

Name of Financial Institution _____

Account # _____

(For checking accounts, please enclose a check marked "VOID")

Financial Institution Routing Number _____

Type of Account ☐ Checking ☐ Savings

I authorize the Lycoming County Water and Sewer Authority (LCWSA), hereafter referred to as the INITIATOR, to periodically debit my account identified as and held at the FINANCIAL INSTITUTION named above, and I authorize that such account exists and that the FINANCIAL INSTITUTION can make debits without responsibility for correctness of such amounts. If any electronic payment is returned unpaid by my bank or financial institution for any reason, LCWSA may assess applicable late or administrative fees, as well as any other applicable handling fees.

My authorization will remain in effect until I give a written notice to terminate this authorization to the LCWSA in sufficient time and manner as to allow the INITIATOR to act upon it. In addition, either the INITIATOR or the FINANCIAL INSTITUTION can terminate this agreement by providing me with their notice at least 10 days prior to actual termination.

I have provided the INITIATOR with a copy of a voided check solely for the purpose of verifying my account number and the financial institution's routing number.

I agree to be charged the current rate for the services that are applicable to my account.

Signature _____ Date _____

NOTE: This form must be received by the 20th of the month. Your automatic payments will begin with the next bill cycle.