

NESHANNOCK TOWNSHIP SEWER DEPARTMENT  
AUTOMATIC CASH TRANSFER ACH APPLICATION FORM

Please Print Legibly

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SEWER ACCOUNT NUMBER: \_\_\_\_\_

NAME ON CHECKING ACCOUNT: \_\_\_\_\_  
(Attach Voided Check)

FINANCIAL INSTITUTION: \_\_\_\_\_

Authorization Agreement for Automatic Cash Transfer

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my Neshannock Township Sewer usage bill. 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 Neshannock Township Sewer Department within 10 (ten) days of the due date of my bill. If I stop payment 2 (two) times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and/or Neshannock Township Sewer Department reserve the right to terminate this payment plan at any time. In addition, I may elect to discontinue my enrollment in this plan at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return this signed form to: Neshannock Township Sewer Department  
3131 Mercer Road  
Neshannock Township, PA 16105

If you should have any questions, please call 724-658-5631