

Office Use  
Group: \_\_\_\_\_

## ACH RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your checking or savings account on the date specified every month. Just complete and sign this form to get started. There is no charge and you may discontinue at any time. If you have any questions, just give our billing department a call at 570-647-0275.

Please check one:

**YES** – I would like to participate in the Auto Debit Program. I understand that the monthly debit will be my total sewer rental balance.

Please withdraw my payment on the (circle): 3<sup>rd</sup> 20<sup>th</sup> of each month.

**CHANGE** – Please make changes to my Auto Debit Account as indicated below.

Name(s) on Account: \_\_\_\_\_

Account No. \_\_\_\_\_ Property Address: \_\_\_\_\_

Account No. \_\_\_\_\_ Property Address: \_\_\_\_\_

Account No. \_\_\_\_\_ Property Address: \_\_\_\_\_

Account No. \_\_\_\_\_ Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please note once your ACH withdrawals begin you will be entered into paperless billing.

### DEBIT ACCOUNT INFORMATION

Name of Financial Institution where account will be debited

Routing Number

Name on Account

Account Number: \_\_\_\_\_

Type (circle): Checking Savings

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above signature authorizes Central Wayne Regional Authority (CWRA) to initiate monthly withdraws from the above account for payment of sewer rental bills. This authorization will remain in effect until notice of termination is given to CWRA. It is the customer's responsibility to notify CWRA of any changes related to their account.

Submit form to: **Central Wayne Regional Authority, 574 Bucks Cove Rd, Honesdale, PA 18431**