

Montrose Municipal Authority
Sewer Account
Automatic Cash Transfer ACH Application Form

Name: _____

Service Address: _____

Phone Number: _____

Billing Address: _____

Sewer Account Number: _____

Name on Checking Account: _____

Financial Institution: _____

I wish to have my payments withdrawn automatically from the following account:

Checking Account (Enclose a voided check.)

Savings Account (Obtain the following from the bank)

Customer's Account Number: _____

Bank Routing & Transit Number: _____

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 Montrose Municipal Authority 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 Montrose Municipal Authority within 15 (fifteen) 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 Montrose Municipal Authority reserve the right to terminate this payment plan at any time. Also, I may elect to discontinue my enrollment in this plan at any time.

Signature: _____ Date: _____

Return this signed form to:

Montrose Municipal Authority
PO Box 306
Montrose, PA. 18801

If you should have any questions, please call 570-278-2618.