



AUTHORIZATION FOR DIRECT PAYMENT OF SEWAGE BILLS

I authorize East Franklin Township Sewage Department to initiate direct payment entries to my checking account or savings account for payment of my Sewage Bills. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Staple Voided Check Here

Date _____

Financial Institution Name (Please Print)

Account Number at Financial Institution

Financial Institution Routing/Transit Number

Financial Institution City and State

Sewage Customer Name (Please Print)

Signature _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

