

BEAR VALLEY FRANKLIN COUNTY PENNSYLVANIA JOINT AUTHORITY
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

✓ **BVWA Account No:** _____

✓ **Service Address:** _____

I (we) hereby authorize Bear Valley Franklin County Pennsylvania Joint Authority, hereinafter called COMPANY, to initiate debit entries to (circle one) **my / our** (select one) **Checking Account** / **Savings Account** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. **I / we** acknowledge that the origination of ACH transactions to **my / our** account must comply with the provisions of U.S. Law.

✓ Depository Name _____

✓ Branch address _____

✓ City _____

State _____ Zip _____

Bank _____ (Personal) _____
Routing Bank
Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s) _____
(Please Print)

(Please Print)

Customer Daytime Telephone Number: _____

Date _____ Signature _____

Date _____ Signature _____