

# CONNOQUESSING BOROUGH

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Connoquenessing PA 16027  
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## SEWAGE ACCOUNT CUSTOMERS **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I wish to have my payments withdrawn automatically from the following account: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 Connoquenessing Borough 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 Connoquenessing Borough 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 Connoquenessing Borough 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. I would like to receive my bill via email.

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

Return this signed form to Connoquenessing Borough, P.O. Box 471, Connoquenessing, PA. 16027.

You may fax the signed form to 724-789-7900. If you should have any questions, please call 724-789-9097.