

South Union Township Sewage

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Uniontown, Pennsylvania 15401
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Direct Debit Authorization Form

Authorization Agreement

I hereby authorize **SOUTH UNION TOWNSHIP SEWAGE, (SUTS)** to initiate debit entries to my () **CHECKING** () **SAVINGS** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions debited in error.

Further, I agree not to hold **SUTS** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **SUTS** receives a written notice of cancellation from me or my financial institution.

ACCOUNT NUMBER _____

NAME: _____ EMAIL _____ PHONE NUMBER _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Customer Signature: _____ Date: _____

OPTIONAL:

Depository Bank Verification: _____ Date: _____

Signature of Bank Representative

NOTE: In the case of revoked authorization, all written authorizations MUST be revoked only by notifying the originator SUTS in writing no later than 15 days before the next transaction effective date.

Please attach a voided check to this form.