

# East Norriton Township

Dear Sewer Customer:

How would you like to stop writing checks to pay your sewer bills, save postage and avoid late fees? You can do all that through our new **DIRECT DEBIT** program!

This program debits your checking or savings account to automatically pay your sewer bill when it is due! Payments are deducted from your account on the 23<sup>rd</sup> each month a bill is due. If the 23<sup>rd</sup> is not a business day the payments will be debited on the next business day.

## **IT'S SAFE, IT'S SECURE AND THERE'S NO COST TO YOU!**

Simply complete and return the authorization agreement below to East Norriton Township, 2501 Stanbridge Street, East Norriton, PA 19401. You may fax the completed form to 610-277-1879 (Attn: Sewer) or email a PDF version of the form to [tfitch@eastnorritontwp.org](mailto:tfitch@eastnorritontwp.org)

If you have more than one sewer account, a separate agreement must be completed for each account. When signing the authorization agreement, please remember:

- If you wish to stop direct debit for any reason, it is your responsibility to inform us in writing.
- Any direct debits made on overdrawn accounts will be charged as a bounced check and \$25 will be added to the account.

Questions? Please call us at 610-275-2800 ext. 128 or email us at [tfitch@eastnorritontwp.org](mailto:tfitch@eastnorritontwp.org)

## **WHAT ARE YOU WAITING FOR? START SAVING MONEY NOW!**

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(Detach at line and return this form)

### **AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS**

This authorization agreement allows East Norriton Township to initiate debits to the customer's account and allows the receiving institution to accept the debit entries withdrawing funds from the proper account.

I hereby authorize East Norriton Township to initiate automatic withdrawal from my bank account for the amount indicated on my/our sewer bill. The payment from said account will be in the **full amount** due as stated on the bill.

**Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing/ABA# \_\_\_\_\_ Bank Account# \_\_\_\_\_

This authority is to remain in full force and effect until East Norriton Township has received **WRITTEN** notification from me/us to terminate. Any changes in information must be received no less than **two (2) weeks** in advance of any payment scheduled to be withdrawn. Direct debits will begin with the next billing cycle after this form is received. In order to initiate Direct Debit, **ACCOUNT MUST BE PAID IN FULL AT THE TIME OF APPLICATION.**

Name \_\_\_\_\_ Sewer Acct# \_\_\_\_\_

Service Location \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

(For a joint account)

- **PLEASE INCLUDE A VOIDED CHECK (CHECKING ACCOUNT) OR DEPOSIT SLIP (SAVINGS ACCOUNT) FROM THE ACCOUNT YOU WISH TO 'DIRECT DEBIT'.**