

FRANKSTOWN TOWNSHIP SEWER DEPARTMENT
2122 FRANKSTOWN RD, HOLLIDAYSBURG, PA 16648

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

I hereby authorize "Frankstown Township" to initiate debits for "Quarterly Sewer Charges" from the checking/savings account indicated below. If an error occurs in the transaction amount, I hereby authorize "Frankstown Township" to initiate a correcting transaction to/from the checking/savings accounts indicated below. I also understand that I must notify Frankstown Township in writing if I wish to terminate this authorization.

This Portion Must Be Completed by Frankstown Township Personnel

FT Account Number/Cycle: _____

FT Service Address: _____

Bank Information

Depository Name: _____

Branch: _____

Account Type (Check One): Checking _____ Saving _____

Transit / ABA Number: _____

Checking/Saving Account Number: _____

Payer Name(s) on Account: _____

Payer Address: _____

Payer Phone Number: _____

Payer Signature: _____ Date: _____

Payer Signature: _____ Date: _____

Note: PLEASE ATTACH A VOIDED CHECK

If using Saving Account Bank Letterhead is required