

AUTOMATIC WITHDRAWAL
Authorization Agreement
For Payment to:
KISKI VALLEY WATER POLLUTION CONTROL AUTHORITY

Thank you for requesting automatic payment withdrawal for your service account. Automatic payment is a service offered to Kiski Valley Water Pollution Control Authority customers free of charge. Fees, however, will apply if sufficient funds are not available to cover your payment. Please complete the application below and sign the "Authorization Agreement". Return this application to the Kiski Valley Water Pollution Control Authority at the address shown below. **ALLOW ONE BILLING PERIOD** for processing. Please continue to pay your bill as usual until you are notified on your bill that your payment will be deducted through ACH.

Note: A separate authorization agreement must be completed for EACH account that automatic payment withdrawal is requested.

(SAMPLE CHECK)		
John Doe 123 Your Street Yourtown, AA 12345	Date _____	1001
Pay to the order of _____ \$ _____		
Your Savings & Loan Yourtown, AA _____		
123456789 (Routing number)	987654321 (Account number)	1001 (Check number)

You must attach a **VOIDED CHECK** to this agreement. We cannot process your application without it.

KVWPCA Account Number _____	Mail completed agreement to: KVWPCA 1361 School Road Leechburg, PA 15656 Phone: 724-568-3655
Customer Name _____	
Billing Address _____	Service Address _____
Financial Institution _____	Account Type (check one)
Name on Account _____	____ Checking ____ Savings
Routing Number _____	Account Number _____
WE CANNOT PROCESS WITHOUT A VOIDED CHECK ATTACHED	
I(We) hereby authorize the Kiski Valley Water Pollution Control Authority, hereinafter called KVWPCA, and the financial institution designated in this application to charge the account specified above for payment of my service. I (We) understand that a fee will be charged to my account for each authorization request returned. If two authorization requests are returned, I (we) will be excluded from further participation in the plan. In addition, I (we) understand that both the financial institution and KVWPCA reserve the right to terminate this payment plan and or my (our) participation therein. At any time I (we) may elect to discontinue my enrollment in this plan. If I (we) so choose. (we) will provide written notice upon receipt of my bill to KVWPCA at 1361 School Road, Leechburg, PA 15656.	
Signature _____	Date _____
Phone _____	E-mail Address _____