

Roaring Spring Municipal Authority
P.O. BOX 33, ROARING SPRING, PA 16673-

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Account No: _____

E-mail Address: _____

= Email billing

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing/Transit No: _____

Name on Account: _____

Account Type (circle one): CHECKING / SAVINGS

Account No: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Roaring Spring Municipal Authority to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Roaring Spring Municipal Authority will revoke this authorization.

Roaring Spring Municipal Authority reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date