

**ROARING SPRING MUNICIPAL AUTHORITY  
P. O. BOX 33, ROARING SPRING, PA 16673**

**ACH Bank Draft Payments Sign-up Form**

**CUSTOMER INFORMATION**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Account No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ = EMAIL BILLING

**\*\*To receive your water and/or sewer bill "FREE" by email.**

Phone No: \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

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

Name On Account: \_\_\_\_\_

Bank Routing/Transit No: \_\_\_\_\_

Account No: \_\_\_\_\_

Account Type (circle one):      CHECKING      /      SAVINGS

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