

BCWSA Direct Debit Sign Up Form

Customer Information

Account Name (as shown on your bill) _____
Billing Account #: _____
Street Address _____
City / State / Zip Code _____
Telephone _____

Banking Information

Financial Institution (Bank) _____
ABA/Routing # _____
Checking Account # _____
*Statement Savings Account # _____

* Please check with your bank regarding the ability to use this Direct Debit option with your Savings account.

Signature

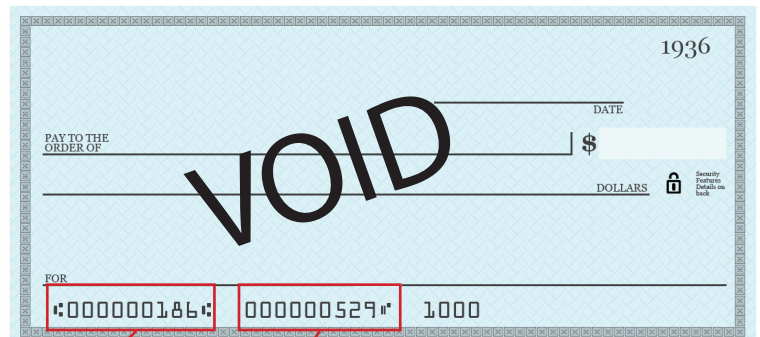
Date

I authorize Bucks County Water & Sewer Authority to instruct my bank/savings institution to make payments from the account listed below. I understand this authorization may be revoked by me at any time by providing the Authority with a written notice to discontinue my automatic payments.

Mail this form along with a VOIDED check or a VOIDED statement saving account deposit slip to:

BCWSA
Attn : DIRECT DEBIT
1275 Almshouse Rd.
Warrington, PA. 18976

Example of Voided Check



ABA/Routing # Checking Account #

