

## 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

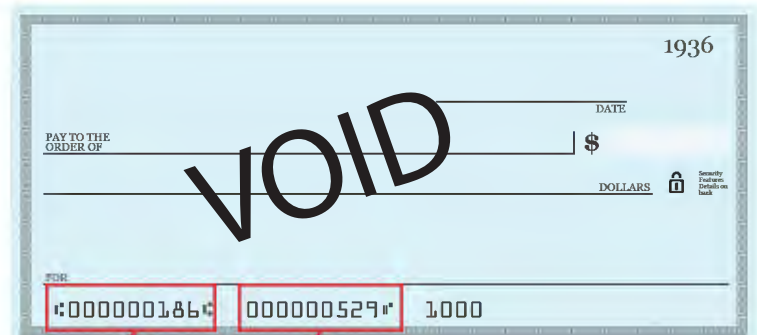
\_\_\_\_\_  
Date

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.

### Example of Voided Check

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

**BCWSA**  
**Attention: DIRECT DEBIT**  
1275 Almshouse Road  
Warrington, PA. 18976



ABA/Routing #      Checking Account #

