

## **Automatic Clearing House (ACH) & E-mail Billing Application Form**

The following programs are **OPTIONAL**. You are not required to sign up for either of the offered programs.

### **ACH will be effective on your NEXT billing.**

You will still be required to submit a payment for the current bill cycle if not already paid in full.

Please complete the sections below if you want to sign up for ACH or email billing.

Account Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Name/Phone: \_\_\_\_\_

### **Authorization Agreement for Automatic Clearing House (ACH)**

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on this monthly utility invoice. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying the Billing Department within 15 (fifteen) days of the due date of my bill. I may elect to discontinue my enrollment in this plan, at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to have my payments withdrawn, automatically, from the following account:

Checking Account (**Enclose a voided check**)  Savings Account

Bank Routing & Transit Number: \_\_\_\_\_

Customer's Account Number: \_\_\_\_\_

Name on Checking Account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

### **E-mail Billing:**

I would like my bill **e-mailed** to me at \_\_\_\_\_

*You will no longer receive a paper copy of your bill in the mail. Please print your email address clearly.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this signed form to:

Milton Regional Sewer Authority  
5585 State Route 405  
Milton, PA 17847

If you have any questions, please call (570) 742-3424