



# DIRECT PAYMENT AUTHORIZATION FORM

**Complete this form, enclose a voided check, and return to the Authority office at 235 Ersa Dr., Elizabethtown, PA 17022.**

**PLEASE NOTE: ACH FORM & VOIDED CHECK MUST BE RECEIVED BEFORE BILLING TO BE ADDED TO CURRENT DUE DATE**

I authorize the Elizabethtown Regional Sewer Authority to initiate an electronic debit on the account shown on the enclosed voided check for the payment of my sewer bill. The debit to my account will occur on the due date of my quarterly sewer bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. This authority will remain in effect until I have cancelled it in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

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

SEWER ACCOUNT # \_\_\_\_\_