

# Automatic Cash Transfer ACH Application Form

**\*This is an optional, free program of reoccurring payments through your bank account.**  
Your bill will reflect "Auto-pay customer" upon being added to this program.

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

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

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

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

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

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

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

I wish to have my payments withdrawn automatically from the following account:

Checking Account (Enclose a voided check.)  Savings Account

Bank Routing Number: \_\_\_\_\_

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

## Authorization Agreement for Automatic Cash Transfer

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my CITY OF EASTON utility bill. I agree that this includes all outstanding balances as well as current invoices. The full balance due will always be deducted on each due date. I authorize each 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 CITY OF EASTON within 15 (fifteen) days of the due date of my bill. In addition, I understand that both the financial institution and/or CITY OF EASTON reserve the right to terminate this payment plan at any time. Also, I may elect to discontinue my enrollment in this plan at any time.

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

## NEW E-BILL SIGN-UPS ONLY

(Previous E-bill customers will continue their paperless preference, including \$1 discount)

I wish to only receive my monthly invoices electronically, via E-bill.

Email address: \_\_\_\_\_

Return this signed form to:

CITY OF EASTON  
PO Box 950  
Bloomsburg PA 17815