

Account# _____

AUTOMATED BILL PAYMENT ENROLLMENT (ACH DEBIT AUTHORIZATION)

Name _____

Address _____

City/State/Zip _____

Phone # _____

Please deduct payment from the following account:

Name of Financial Institution _____

Type of Account: Checking Savings

Routing/ABA # _____ (see below)

Account # _____ (see below)

I hereby authorize Mars Borough to deduct payment from my account for water service every 3 months. I understand that I will receive a copy of this completed authorization and that Mars Borough will retain a copy for two years after revocation. I further understand that if I decide to discontinue this payment plan, I must notify the Borough in writing at the address below. My notice of revocation will include the information detailed above.

Company Name Mars Borough

Company Address 598 Spring Ave. P.O. Box 856

Company City/State/Zip Mars, PA 16046

CUSTOMER SIGNATURE _____ DATE _____

John Doe	Date _____	123
456 Shady Lane		
Anytown, PA, 78901		
	VOID	
PAY TO THE ORDER OF _____		

Any National Bank		
Anytown, PA 78901		
I:043312386	00000123	123 456 7

↑ Routing/ABA #

↑ Account #