Dear Customer:

How would you like to stop writing checks to pay your water/sewer bills, save postage and avoid late fees? You can do all that through our new **DIRECT BILL PAY** program!

DIRECT BILL PAY debits your checking or savings account to automatically pay your water/sewer bill when it is due! Payments are deducted from your account the business day before your billing due date so you can manage your money effectively.

IT'S SAFE, IT'S SECURE AND THERE'S NO COST TO YOU!

Simply complete and return the authorization agreement below to Brookville Municipal Authority, 18 Western Ave., Suite A, Brookville, PA 15825**.** If you have more than one water/sewer account, a separate agreement must be completed for each account. When signing the authorization agreement, please remember:

- If you wish to stop direct debit for any reason, it is your responsibility to inform us in writing.

- Any direct debits made on overdrawn accounts will be charged as a bounced check and those fees will be added to the account.

 Questions? Please call us at 814.849.5320 or email us at manager@brookvilleborough.org.
WHAT ARE YOU WAITING FOR? START SAVING MONEY NOW!

- -- ----- -
(Detach at line and return this form)

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

This authorization agreement allows Brookville Municipal Authority to initiate debits to the customer's account and allows the receiving institution to accept the debit entries withdrawing funds from the proper account.

I hereby authorize Brookville Municipal Authority to initiate automatic withdrawal from my bank account for the amount indicated on my/our water/sewer bill the business day before the billing due date. The payment from said account will be in the **full amount** due as stated on the bill.

Checking_____   Savings_____

Bank Name _____

Bank Routing/ABA#_____ Bank Account#_____

This authority is to remain in full force and effect until Brookville Municipal Authority has received **WRITTEN** notification from me/us to terminate. Any changes in information must be received no less than **two (2) weeks** in advance of any payment scheduled to be withdrawn. Direct debits will begin with the next billing cycle after this form is received. In order to initiate Direct Debit, **ACCOUNT MUST BE PAID IN FULL AT THE TIME OF APPLICATION**.

Name_____ Acct#_____

Address_____Phone#_____

Email Address _____

Date_____Signed_____

Date_____Signed_____
(For a joint account)

- **PLEASE INCLUDE A VOIDED CHECK (CHECKING ACCOUNT) OR DEPOSIT SLIP (SAVINGS ACCOUNT) FROM THE ACCOUNT YOU WISH TO 'DIRECT DEBIT'.**