



SEWER USE BILL

BEDFORD TOWNSHIP

DIRECT DEBIT AUTHORIZATION AGREEMENT

- Please type or print legibly in black ink.
- Check the correct box to indicate whether this is a new application or a change.
- **Attach a voided check to the completed application**

New Change

Name:		
Address:		Account Number:
City:	State:	Zip:
E-mail Address:		Phone:

I hereby authorize Bedford Township to debit my **Checking Account** or **Savings Account** at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Bedford Township and I agree to abide by all applicable ACH operating rules.

Should the electronic debit to my account be returned for lack of sufficient funds, you will need to pay your bill by cash, money order or official check at the township hall. An NSF fee of \$30.00 will also be collected at the time you pay your bill.

Financial Institution Name:	
Address:	Phone Number:
Bank Transit & Routing Number:	Account Number:
Name as it appears on the bank account:	
Please note that the amount billed will be debited from your account on the date that the bill is due:	
Section 1 due dates: April 7 th , July 7 th , October 7 th & January 7 th	
Sections 2, 3, 6, 10 & 11 due dates: May 7 th , August 7 th , November 7 th & February 7 th	

This agreement is to remain in full force and effect until Bedford Township has received written notification from me, or I have received written notification from Bedford Township of its termination so as to afford the interested parties a reasonable time to act on it.

Signature _____

Date _____