

Automatic Bill Payment Application

Authorization Agreement for origination of ACH Entries (ACH Credit or Debits)

Please fill out this application and mail to the Authority Office.

****IMPORTANT NOTICE:** Make sure to include a **VOIDED CHECK**.

Water Authority Account Number (s) _____

I hereby authorize the Municipal Authority of the City of New Kensington, to initiate automated clearinghouse entries to my checking/savings account indicated below and the Financial Institution named below, to credit and/or debit the same to such account.

Bank Information:

Bank Name _____ **Branch Office Name** _____

City _____ **State** _____ **Zip Code** _____

Routing Number _____ **Account Number** _____

I hereby understand the terms and conditions of the Automatic Bill Payment Program.

Date **Name** **Address**

City, State, Zip Code

Signature

You may mail this Application or bring it in to the Authority Office and we will assist you in filling it out.

IMPORTANT NOTICE: *The application is to remain in full force and effect until the Municipal Authority has received written notification from me of its termination in such time and manner as to afford the Municipal Authority and Financial Institution a reasonable opportunity to act on it. This Authority will automatically debit your checking or savings account on the due date shown on the bill. If you are enrolled in the Automatic Bill Payment Program, you cannot change the payment date or the amount to be paid.*