



AUTHORIZATION FOR

RECURRING PAYMENT VIA AUTOMATED CLEARING HOUSE (ACH)

Scan and email to: SewerBills@westwhiteland.org OR
Mail to: 101 Commerce Drive; Attn: Finance Dept, Exton PA 19341
Please contact us at 484-875-6025 if you have any questions.

Select One: New Authorization Change Cancellation

I (we) authorize **West Whiteland Township** ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account Savings Account at the financial institution named below ("DEPOSITORY").

Depository Name _____

Routing Number _____

Account Number _____



Please include a copy of a voided check, deposit slip or a letter from your bank to ensure accuracy.

Frequency of debit(s): This is for Sewer/Trash & Recycling Only.

Residential/Apartments:
Annually based on due date on
bill for Payment in Full amount

Residential: 3 times per year
based on installment plan due
dates and amounts on bill

Non-Residential: Quarterly
based on due dates and
amounts on bill

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing by mail or email that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least two weeks' prior notice in order to cancel this authorization.

Name(s) _____ (Please Print)

Phone Number _____

Email _____
To ensure you are aware of the amount being pulled, you will still receive a bill & a reminder/confirmation email prior to each due/pull date.

Account Number and/or Parcel ID _____

Service Address _____

Mailing Address (if different) _____ (Check to update our records)

Date _____ Signature(s) _____

Print, sign, scan and email or mail. OR use eSignature and email. Please retain a copy for your records.

Note: You may see a test transaction for \$0 in your account. This is just for set up verification before the actual payment is processed.