

AUTHORIZATION TO INITIATE ACH TRANSACTIONS

I (we) hereby authorize, University Area Joint Authority hereinafter-called COMPANY, to initiate credit/debit entries for Wastewater (sewer) Charges to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit/debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(ABA Routing Number) (Account Number)

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Print Sewer Account Number) (Date)

(Phone Number)

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM AND RETURN TO:

UNIVERSITY AREA JOINT AUTHORITY
1576 SPRING VALLEY ROAD
STATE COLLEGE, PA 16801

For Office Use Only:

Prepared By: _____

Date: _____