

AUTOMATIC BILL PAYMENT OPTION

Important Information

Payments for your Lower Salford Township Authority (LSTA) sewer rental bill may be automatically deducted from your checking or savings account.

Procedures for this payment option are as follows:

- On the **20th** of every quarterly billing month (March, June, September & December) the invoiced amount will automatically be deducted from the bank account you have specified. If the 20th is a Saturday, Sunday or a holiday, the withdrawal will be made on the next business day. The statement you receive from your financial institution will indicate the dates and amount withdrawn from your bank account.
- If the transaction is refused by your financial institution for any reason such as insufficient funds, closed or unauthorized account, a fee of **\$35.00** will be charged to your LSTA account.
- If your bank account number changes, **LSTA MUST BE NOTIFIED IN WRITING IMMEDIATELY!** A revised enrollment form will be required.
- If you wish to terminate the automatic bill payment option, you must notify LSTA in writing 30 Days in advance. Future reinstatement will be subject to a required implementation process.
- If you have any questions, please contact the Lower Salford Township Authority at 215-256-8676 between the hours of 7:00am & 3:30pm.

To Initiate the automatic bill payment option, please complete the enrollment information below and mail it to:
Lower Salford Township Authority - P.O. Box 243, Harleysville, PA 19438

I (we) hereby authorize Lower Salford Township Authority (LSTA) to automatically debit my/our specified account for the amount of my LSTA sewer rental bill. The customer understands that if they decide to discontinue this service, they will need to notify Lower Salford Township Authority (LSTA) in writing at least 30 days in advance. If you bank account number changes, LSTA must be notified in writing immediately. This Authorization is to remain in effect until LSTA has received written notification from the customer to terminate the automatic bill payment option. The customers participation is subject to LSTA approval.

LSTA Account Number: _____ Date: _____

Service Address: _____

Customer Name: _____

Billing Address: _____

Daytime Telephone #: _____ Cell Phone #: _____

Bank Routing / Transit (ABA) #: _____

Bank Account #: _____

Bank Account Type: Checking Account #: _____ Savings Account #: _____
(Please attach a voided check)

Name(s) on the Account: By signing this form, you are confirming your correct and lawful account information for LSTA to withdrawal the current rate of the quarterly bills on the **20th** day of each invoice month - **March, June, September & December.**

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____