

BEAVER FALLS MUNICIPAL AUTHORITY
PUBLIC WATER SERVICE

Phone (724) 846-2400 • FAX (724) 846-5204
1425 EIGHTH AVENUE • P.O. Box 400 • BEAVER FALLS, PENNSYLVANIA 15010

AUTHORIZATION AGREEMENT FOR BEAVER FALLS MUNICIPAL AUTHORITY

I (we) authorize the Beaver Falls Municipal Authority (the company) to withdraw funds via electronic debit from my (our)

CHECKING ACCOUNT SAVINGS ACCOUNT

for the payment of recurring or single payment of my (our) quarterly _____

_____ fees. Furthermore, if any such debit(s) drawn off the specified checking or savings account below is returned NSF (non sufficient funds) for any reason, I (we) authorize the Company to collect such debit(s) by electronic debit and subsequently collect an electronic per item returned NSF fee not to exceed the state allowable amount of \$25.00 from the checking or savings account identified below.

I am (we are) a duly authorized check signer(s) on the account identified below, and authorizes all of the above with my (our) signature(s) below.

Financial Institution Name:

Branch _____ Bank Phone # () _____

City _____ State _____ Zip _____

Routing Number: I: _____ I: (The 9 digits between the I: symbols)

Account Number _____

Customer Name (s) _____

Address _____ City _____

State _____ Zip _____ Phone Number _____

Customer Signature(s) _____ Date _____

_____ Date _____

PLEASE ATTACH A VOIDED BLANK CHECK FROM THE ACCOUNT