



**Automatic Cash Transfer ACH Application Form**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

I wish to have my payments withdrawn automatically from the following account:

Checking Account (Enclose a voided check.)

Savings Account

Customer's Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

**Authorization Agreement for Automatic Cash Transfer**

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my FSWA quarterly invoice. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying FSWA within fifteen (15) days of the due date of my bill. I may elect to discontinue my enrollment in this plan at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return signed form to:

Fredericksburg Sewer & Water Authority  
PO Box 161  
Fredericksburg, PA. 17026

If you should have any questions, please call 717-865-7452.