



# BOROUGH OF EDINBORO

124 Meadville Street  
Edinboro, PA 16412  
(814)734-1812

www.edinboro.net  
edinboro.utilities@gmail.com

## Authorization Agreement for Direct Debits

If you would like to automate your water, sewer, and refuse payments, you can take advantage of our direct debit program. Payment will be deducted from your checking or savings account 7 days before the invoice is due. Any direct debit made on an overdrawn checking or savings account will be charged Non-Sufficient Funds; those fees will be added to the Water, Sewer, and Refuse account.

This authorization agreement must be completed for every customer utilizing direct debit with a checking or savings account. **Please return completed form to: Borough of Edinboro, 124 Meadville St., Edinboro, PA 16412.**

This authorization agreement allows the Borough of Edinboro to initiate debits to the customer's account and allows the receiving institution to accept the debit entries withdrawing funds from the proper account.

Please note: Enrollment in the direct debit program will be complete upon generation of the next bill after submitting this form. If your account has a current balance please settle it prior to the due date using another type of payment.

Name \_\_\_\_\_ Water/Sewer/Refuse Acct # \_\_\_\_\_

Service Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Bank Name \_\_\_\_\_

Name on Account (if different from w/s/r account): \_\_\_\_\_

Account Type:      Checking      Savings

Bank Routing /ABA # \_\_\_\_\_ Bank Account # \_\_\_\_\_

I hereby authorize the Borough of Edinboro to initiate direct debit from my bank account for the amount indicated on my bill. The payment from said account will be the full amount due as stated on the bi-monthly bill. This authority is to remain in full force and effect until the Borough of Edinboro has received WRITTEN notification from me to terminate.

Date \_\_\_\_\_ Signed \_\_\_\_\_