

Dear Customer:

How would you like to stop writing checks to pay your water/sewer bills, save postage and avoid late fees? You can do all that through our new **DIRECT BILL PAY** program!

**DIRECT BILL PAY** debits your checking or savings account to automatically pay your water/sewer bill when it is due! Payments are deducted from your account the business day before your billing due date so you can manage your money effectively.

***IT'S SAFE, IT'S SECURE AND THERE'S NO COST TO YOU!***

Simply complete and return the authorization agreement below to Brookville Municipal Authority, 18 Western Ave., Suite A, Brookville, PA 15825. If you have more than one water/sewer account, a separate agreement must be completed for each account. When signing the authorization agreement, please remember:

- If you wish to stop direct debit for any reason, it is your responsibility to inform us in writing.
- Any direct debits made on overdrawn accounts will be charged as a bounced check and those fees will be added to the account.

Questions? Please call us at 814.849.5320 or email us at brookvillemanager@windstream.net.

**WHAT ARE YOU WAITING FOR? START SAVING MONEY NOW!**

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(Detach at line and return this form)

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS**

This authorization agreement allows Brookville Municipal Authority to initiate debits to the customer's account and allows the receiving institution to accept the debit entries withdrawing funds from the proper account.

I hereby authorize Brookville Municipal Authority to initiate automatic withdrawal from my bank account for the amount indicated on my/our water/sewer bill the business day before the billing due date. The payment from said account will be in the full amount due as stated on the bill.

**Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_

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

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

This authority is to remain in full force and effect until Brookville Municipal Authority has received **WRITTEN** notification from me/us to terminate. Any changes in information must be received no less than **two (2) weeks** in advance of any payment scheduled to be withdrawn. Direct debits will begin with the next billing cycle after this form is received. In order to initiate Direct Debit, **ACCOUNT MUST BE PAID IN FULL AT THE TIME OF APPLICATION.**

Name \_\_\_\_\_ Acct# \_\_\_\_\_

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

Email Address \_\_\_\_\_

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

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

(For a joint account)

- **PLEASE INCLUDE A VOIDED CHECK (CHECKING ACCOUNT) OR DEPOSIT SLIP (SAVINGS ACCOUNT) FROM THE ACCOUNT YOU WISH TO 'DIRECT DEBIT'.**