



For Office Use Only:
_____ - _____ - _____
Date Rec'd _____
Date Entered _____
By: _____

**North Penn Water Authority
Automatic Clearing House (ACH) Application**

**THIS SERVICE IS AVAILABLE FOR
PROPERTY OWNERS ONLY**

Please drop the completed form off at our office or mail it:
North Penn Water Authority, Attn: ACH, 300 Forty Foot Road, PO Box 1659, Lansdale, PA 19446
If you have any questions, please contact our office at 215-855-3617.

Authorization Agreement for Pre-Authorized Payments

I (we) hereby authorize North Penn Water Authority, hereinafter called NPWA, to

INITIATE **TERMINATE**

debit entries to my (our) checking/savings account as indicated on the attached voided check at the depository financial institution named on such document, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

The authorization is to remain in full force and effect until NPWA has received written notification (signed by all names on bank account) of its termination in such time and in such manner as to afford NPWA and DEPOSITORY a reasonable opportunity to act on it. I also understand that said DEPOSITORY and NPWA reserve the right, upon written notification, to terminate this payment option and/or my participation. Customer's participation is subject to NPWA approval.

Name: _____ Daytime Phone #: _____

North Penn Water Authority Account Number: _____

Service Address: _____ Township / Borough: _____

Billing Address: _____

City _____ State _____ Zip _____ Phone Number _____

Depository (Bank) Name (Please Print) _____ Branch: _____

Depository City: _____ State: _____ Zip: _____ - _____

Depository account number: _____

Depository account type: Checking Savings

Depository routing (ABA) number: _____

Signatures of all names on the depository (bank) account:

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Please staple a voided check to this area of the form.