



Newport Borough
Water Authority

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBIT)

I authorize the above name company to debit my **Checking Account** on a monthly basis for services rendered. A monthly bill will still be sent and ACH withdrawal may be cancelled at any time. There will be no fee for this service.

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

(Please attach a voided check here)

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. This authorization will remain in effect until NBWA has received notice to cancel ACH withdrawals.

Account Number: _____ Service Address: _____

Name (please print): _____

Signature: _____ Date: _____

497 N. Front Street, Newport, PA 17074 (717) 567-6373