

## **DIRECT DEBIT PAYMENT AUTHORIZATION FORM**

Company Name **CITY OF HERMITAGE**

I authorize THE CITY OF HERMITAGE, hereinafter called COMPANY, to initiate debit entries to my () **Checking** () **Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions debited in error.

Depository  
Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing/Transit Number \_\_\_\_\_ Account No. \_\_\_\_\_

This authorization will remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Past due balances will not be automatically withdrawn and will continue to accrue penalties and interest. Past due balance must be paid separately. It is the customer's responsibility to pay past due balances separately and to read each month's bill.**

Customer Name \_\_\_\_\_ Sewer Acct. # \_\_\_\_\_  
PLEASE PRINT

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Address for Sewer Service \_\_\_\_\_ Phone # \_\_\_\_\_

**OPTIONAL:**

Depository Bank Verification: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF BANK REPRESENTATIVE

**NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.**

**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. STAPLE VOIDED CHECK BELOW.**

\*\*\*Mail or drop off completed forms to the Hermitage Municipal Building, 800 N. Hermitage Rd., Hermitage, PA 16148