

Lewisburg Area Joint Sewer Authority

Post Office Box 305
Lewisburg, PA 17837-0305
570-524-7069

Automated Clearing House (ACH) Application Form

Name: _____

Service Location: _____

Phone Number: _____

Billing Address: _____

LAJSA Account Number: _____

Name on the Checking/Savings Account: _____

I wish to have my payments withdrawn automatically from the following account:

Checking Account (Enclose a Voided Check)

Savings Account (Obtain the Following from the Bank)

Customer Account Number: _____

Bank Routing & Transit Number: _____

Authorization agreement for automated clearing house

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my LAJSA sewer usage bill. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying LAJSA within 15(fifteen) days of the due date of my bill. If I stop payment 2 (two) times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and LAJSA reserve the right to terminate this payment plan and/or my participation therein. At any time I may elect to discontinue my enrollment in this plan.

Signature _____ Date _____

Return To: LAJSA, PO Box 305, Lewisburg, PA 17837-0305
(570)524-7069