



Automated Bill Payment Enrollment Form

A VOIDED CHECK MUST BE PROVIDED

FOR NEW ENROLLMENTS – PLEASE ALLOW 30 DAYS TO BECOME EFFECTIVE

I/We authorize Richland Township Municipal Authority to instruct my financial institution to deduct my water bill payment from the account listed below. The Authority will debit your account on the bill's due date. I understand that I/We will receive a copy of this completed authorization, and that the Authority will retain a copy for two years after revocation. I understand that if I decide to discontinue this service or to change the account debited, I will notify Richland Township Municipal Authority in writing at least 30 days in advance when requesting a change. I understand that I am responsible for any fees my bank charges to provide this service.

Customer Information

Name (as it appears on your water bill) _____

Service Address

Water Bill Account Number _____

Financial Institution Information ☐ New Request ☐ Bank change

Name of Financial Institution	Branch
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City	State	Zip Code	Telephone
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Account Number _____ ☐ Checking ☐ Savings

Bank Routing Number _____

Account Holder's Signature _____ Date _____

Joint Account Signature _____ Date _____

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