



THE RICHLAND TOWNSHIP MUNICIPAL AUTHORITY OF ALLEGHENY COUNTY

Automated Bill Payment Enrollment

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 debited account, 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		
_____	_____		
City	State	Zip Code	Telephone
_____	_____	_____	_____

Account Number _____ Checking Savings

Bank Routing Number _____

Account Holder's Signature _____ Date _____

Joint Account Signature _____ Date _____

Please return form with a voided check to:

RTMAAC
2012 Kramer Rd
Gibsonia, PA 15044