



AUTHORIZATION FOR DIRECT WITHDRAWAL OF
LOWER PAXTON TOWNSHIP UTILITY BILL CHARGES

NAME _____

BILLING ADDRESS _____

BILLING SEWER / STORMWATER ACCOUNT NUMBER _____

PROPERTY ADDRESS (IF DIFFERENT) _____

I/We hereby authorize Lower Paxton Township to withdraw the cost of my quarterly sewer bill from my bank account. This authorization will remain in effect until I/we provide a thirty (30) day written notification to terminate this agreement. I/We further hereby agree to notify Lower Paxton Township in writing thirty (30) days prior to any change in the Financial Institution or account which is to be debited. The charges for sewer will be taken out of my/our account on February 01, May 01, August 01 and November 01 of each year or the first business day thereafter. The amount(s) deducted will be on the quarterly statement you receive from Lower Paxton Township. **A voided check is required or bank account information on your Financial Institution's letterhead.** I have verified my account number with my bank or bank statement and have indicated the account numbers below. I acknowledge a \$25.00 service fee will be charged to my sewer account in the event funds are not in my banking account at the time of the withdraw.

Please provide the following and return the entire form to:

Lower Paxton Township
Suite 139
425 Prince Street
Harrisburg, PA 17109
(717) 657-5617

Bank Routing Number _____

Bank Account Number _____

Daytime Phone Number _____

Email Address _____

AUTHORIZED SIGNATURE _____ DATE _____

AUTHORIZED SIGNATURE _____ DATE _____

Where bank account is in a joint name, this authorization must be signed by all joint owners.