AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH DEBITS)
BRENTWOOD BOROUGH SEWER AUTHORITY

Name _____

Sewage Account # _____

Address _____

City/State/ZIP _____

Daytime Phone # _____

Please deduct payment from my account:

Name of Financial Institution: _____

Type of Account: _____ CHECKING _____ SAVINGS

Transit Number _____ (See below)

Account Number _____ (see below)

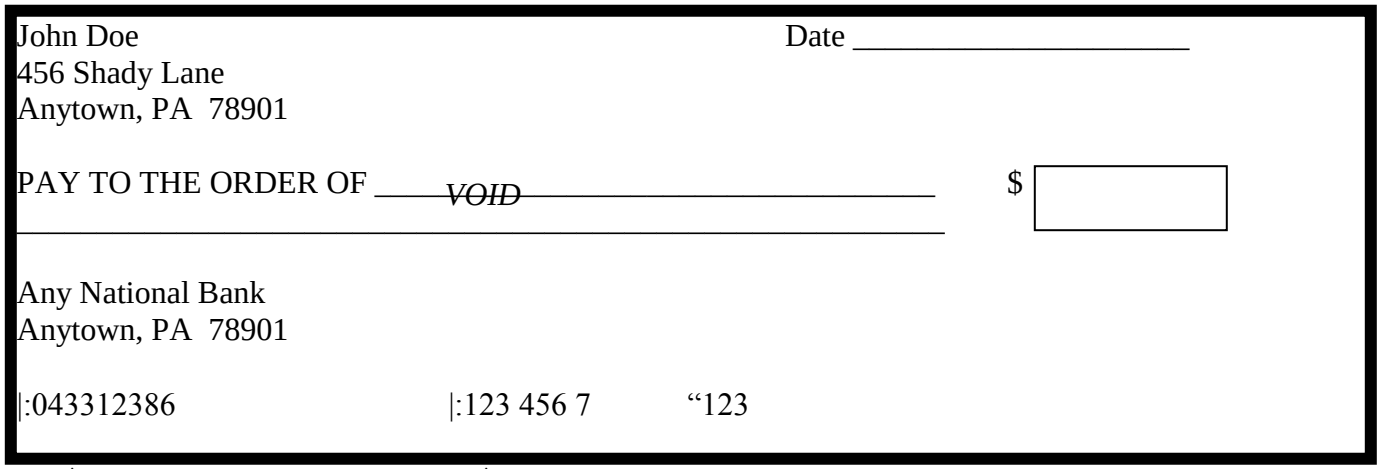
I hereby authorize the company named below to deduct payment from my account for utility billing service ***on the fifth calendar day of each month****. I understand that I will receive a copy of this completed authorization, and that the company will retain a copy for two years after revocation. I further understand that if I decide to discontinue this payment plan, I must notify the company in writing at the address below. My notice of revocation will include the information detailed above.*

Company Name Borough of Brentwood

Company Address P.O. Box 98129

Company City/State/ZIP Pittsburgh, PA 15227

CUSTOMER SIGNATURE: _____ DATE: _____



DO NOT submit a voided check. This image is for illustrative purposes only.

Return a completed copy of this document to the post office box address listed above. Please note that automatic payment will be initiated for the next billing cycle following remittance of this form. Current charges must be satisfied via check or through the electronic payment portal.