

DIRECT DEBIT AUTHORIZATION FORM

Company Name Greater Greensburg Sewage Authority Company Tax ID# 25-1114958

I authorize Greater Greensburg Sewage Authority, hereinafter called COMPANY, to initiate debit entries to my () **Checking** () **Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions debited in error.

Depository
Bank Name _____ Branch _____
City _____ State _____ Zip _____
Routing/Transit Number _____ Account No. _____

This authorization will remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Name _____
Please Print

Customer Account Number _____

Customer Signature _____ Date _____

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. STAPLE VOIDED CHECK BELOW.

Attach Voided Check