

**AUTOMATIC WITHDRAWAL  
Authorization Agreement  
for Payment to  
Pleasant Valley Water Authority**

Thank you for requesting automatic payment withdrawal for your service account. Automatic payment is a service offered to Pleasant Valley Water Authority customers free of charge. Fees, however, will apply if sufficient funds are not available to cover your payment. Please complete the application below and sign the "Authorization Agreement." Return this application to Pleasant Valley Water Authority at the address shown below. ALLOW ONE BILLING PERIOD for processing. Please continue to pay your bill as usual until you are notified in writing that your application has been processed.

Note: A separate authorization agreement must be completed for EACH WATER ACCOUNT that automatic payment withdrawal is requested.

John Doe 123 Shady Lane Yourtown, AA 12345	Date: 2048
Pay to the order of <b>VOID</b> \$ <input style="width: 50px;" type="text"/>	
Your Savings & Loan Yourtown, AA	
: 241022233   : 333962222 2048	
Routing Number 241022233	Account Number 333962222

**You must attach a VOIDED CHECK to this authorization agreement when returning to PVWA. We cannot process your application without one.**

PVWA Account Number ____ - ____ - ____	<b>Mail completed agreement to:</b>
Name (as shown on PVWA bill)	<b>PVWA</b>
Customer Name _____	<b>ACH Payment</b>
Billing address _____	<b>2320 Moyer Road</b>
Service address _____	<b>Connellsville PA 15425</b>
(If different than Billing address)	
City _____ State _____ Zip _____	City _____
Financial Institution _____	Account Type (Check One)
Name on Account _____	<input type="checkbox"/> Checking
	<input type="checkbox"/> Savings
Routing Number _____	Account Number _____
<b>We CANNOT process without a voided check.</b>	
<b>Authorization Agreement</b>	
I (we) hereby authorize Pleasant Valley Water Authority, herein called PVWA, and the financial institution designated in this application to charge the account specified above for payment of my service. I (we) understand that a fee will be charged to my account for each authorization request returned. If two authorization requests are returned, I (we) will be excluded from further participation in the plan. In addition, I (we) understand that both the financial institution and PVWA reserve the right to terminate this payment plan and / or my (our) participation therein. At any time, I (we) may elect to discontinue my (our) enrollment in this plan. If I (we) so choose, I (we) will provide written notice, upon receipt of my bill, to PVWA at 2320 Moyer Road, Connellsville PA 15425.	
Signature _____	Date _____
Phone _____	Email Address _____