

I authorize Upper Allegheny Joint Sanitary Authority and the financial institution named below to initiate entries to my checking/savings accounts, and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

**Customer Information**

(Please Print Information)

Customer Name: (as it appears on your bill) \_\_\_\_\_

Service Address: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone: (area code) \_\_\_\_\_

U.A.J.S.A. Account Number: \_\_\_\_\_

**Required Bank Information (Bank, Savings & Loan, Credit Union)**

Financial Institution: \_\_\_\_\_

Address of Financial Institution: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Bank Routing No: \_\_\_\_\_

Checking Account No. \_\_\_\_\_ (or) Savings Account No. \_\_\_\_\_

Account Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Please enclose a voided check so that we can confirm the correct banking information.*

*Return application to: U.A.J.S.A., P. O. Box 431, Tarentum, PA 15084-0431*