



Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name on Checking Account: \_\_\_\_\_

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

I wish to have my payments withdrawn automatically from the following account:

- Checking Account (Enclose a voided check)
- Savings Account (Obtain the following from the bank)

Customer's Account Number: \_\_\_\_\_

Banking Routing & Transit Number: \_\_\_\_\_

**Authorization Agreement for Automatic Cash Transfer**

I hereby authorize the financial institution I have named on this application to change the account I have specified for payment on my Redbank Valley Municipal Authority monthly invoice. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying Redbank Valley Municipal Authority within 15 (fifteen) days of the due date of my bill. I may elect to discontinue my enrollment in this plan at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this signed form to:

*Redbank Valley Municipal Authority  
243 Broad Street  
New Bethlehem, PA 16242*

If you should have any questions, please call **(814) 275-2585**