

BRIDGEVILLE BOROUGH

ELECTRONIC DEBIT AUTHORIZATION

FORM

To our Customer:

Completing this form will enable you to pay your quarterly trash bill through an electronic bank draft.

Simply provide your information, authorization and signature below, attach a voided check, and return to our office.

PLEASE PRINT THE FOLLOWING INFORMATION:

Garbage Account Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone Number: _____

Email: _____

Bank Name: _____

Bank Routing # (9 digits - The first row of numbers on the bottom left of your check): _____

Bank Account # (10 digits - The next row of numbers on the bottom left of check): _____

- **RECURRING CHARGE** - I hereby authorize Bridgeville Borough to initiate an automatic debit on the bank account listed above, once per quarter, on the **10th** of the following month that the bill was generated. I understand if the transaction is not completed due to non-sufficient funds, I will be charged a non-sufficient funds (NSF) fee.

This authorization will remain in effect until I provide a written notice to Bridgeville Borough
425 Bower Hill Road, Bridgeville, PA 15017

CUSTOMER SIGNATURE

DATE