

New Bethlehem Borough
Solid Waste

Automatic Cash Transfer ACH Application Form

Name/Organization: _____

Billing Address: _____

City, State, Zip: _____

E-mail: _____ Phone: _____

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I wish to have my payments withdrawn automatically from the following account: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

Bank Routing Number: _____

Authorization Agreement for Automatic Cash Transfer

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my New Bethlehem Borough Solid Waste invoice. I agree that such charges 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 New Bethlehem Borough Solid Waste 15 (fifteen) days before 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:

N.B.B. Solid Waste ACH
210 Lafayette Street
New Bethlehem, PA 16242

If you should have any questions, please call (814) 275-2003.