



Easton Suburban Water Authority

AutoPay Authorization

For ESWA Use Only:

Acct# _____

Date Rec'd _____

Date Entered _____

By: _____

- ◆ Please read the Program Information and call our office at 610-258-7181 if you have any questions prior to enrolling.
- ◆ Complete the form below and mail it to our office at Easton Suburban Water Authority, Attention: AutoPay, P.O. Box 3819, Easton, PA 18043-3819. If you prefer, you may drop it off at our office, but be sure to enclose it in a sealed envelope and mark "AutoPay" on the front.
- ◆ All information must be completed, or this form will be returned to you. Please print clearly.
- ◆ If you are using a checking account for your AutoPay deductions, please remember to include a blank check marked "VOID" along with this form.
- ◆ If you are using a savings account for your AutoPay deductions, please contact your bank to obtain an "ABA Routing Number" and include on this form with your account number.

Customer Information

Name _____ Phone # _____

Easton Suburban Water Authority Account Number _____

Address _____

City _____, PA Zip _____

Township / Borough _____

Financial Institution Information

Name _____

City _____ State _____ Zip _____ - _____

Type of Account Checking Savings

Routing (ABA) Number _____

Account Number _____

I hereby authorize Easton Suburban Water Authority (ESWA) to coordinate payment transaction with the financial institution listed on this form for payment of my water bill. I understand that should the account not have sufficient funds to cover withdrawal, there will be a Nonsufficient Funds Fee charged to my account. If I change the account or financial institution specified, I will provide written authorization of such to ESWA. I understand that ESWA and/or the financial institution reserve the right to terminate my participation in this payment plan. I understand and agree that ESWA is not liable for erroneous bill statements or incorrect debits to my account, except that should an error occur, ESWA will be responsible to correct it once I notify them of the error. I understand that if at any time I decide to discontinue this payment service, I will notify ESWA.

Signature _____ Date _____