ACH APPLICATION FORM

All bold fields are required. Fields marked with * must be entered exactly as shown on your bank statement.

Check One: ☐ New Enrollment ☐ Change

BAJSA Account Number: _____

***Name:** _____

***Mailing Address Line 1:** _____

*Mailing Address Line 2: _____

***City:** _____

***State:** _____

***Zip:** _____

*** BAJSA Service Address:** _____

Primary Phone: _____

Secondary Phone: _____

Email Address: _____

I wish to have my payments withdrawn automatically from the following bank account:

☐ **CHECKING ACCOUNT (enclose a voided check)**

☐ **SAVINGS ACCOUNT (obtain the following from the bank)**

Bank Name: _____

Bank Address: _____

Bank Telephone Number: _____

ABA/Routing Number: _____

Bank Account Number: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC CLEARING HOUSE TRANSACTIONS

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my BAJSA sewer bill. 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 BAJSA within 15 (fifteen) business days of the due date of my bill. If I stop payment 2 (two) times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and BAJSA reserve the right to terminate this payment plan and/or my participation therein. At any time I may elect to discontinue my enrollment in this plan.

SIGNATURE_____ **DATE**_____

RETURN TO: BAJSA, 1108 FREAS AVENUE, BERWICK, PA 18603-1710 (570) 752-8477