

PAY YOUR TRASH, SEWER & STORMWATER BILL THE EASY WAY

This is your chance to sign up for the Township's automatic bill paying service. Just complete the form below, send it to us along with a voided check from the account you want debited, and we will take care of the rest.

This is how it works; the computer communicates with your bank and accepts payment directly from it. That means you no longer have to write or mail checks, carry cash to our office, or make a late payment again.

Once you sign up, your sewer and/or trash and/or stormwater fees will be deducted directly from your checking account on February 1, May 1, August 1, and November 1 (or the first business day thereafter). Please note that this service is not available for businesses whose sewer rates are based on consumption.

You will be notified approximately two (2) weeks prior to the withdrawal date, by postcard, as to the specific date and amount of the withdrawal. Your charge will then appear on that month's bank statement.

Please note the following before you subscribe:

- Make sure the magnetic numbers across the bottom of the voided check are intact, that the check is from the account you want debited, and that you have enough money in that account to cover your bill on the day it is due. If your withdrawal is denied for any reason, there will be a \$30.00 service charge added to your account.
- To subscribe or discontinue your subscription, you must notify us in writing at least three weeks before the billing takes place.
- Rate changes, if applicable, will be announced in future editions of the newsletter.
- **Please detach and return the bottom portion of this form along with your voided check to Lower Allen Township, 2233 Gettysburg Road, Camp Hill, PA 17011.**

Name _____

Billing Address _____

Property Address _____

Phone Number _____

Date of 1st Auto Withdrawal (circle one): February 1st May 1st August 1st November 1st

I hereby authorize Lower Allen Township to withdraw the cost of my quarterly sewer, trash and/or stormwater fee from my checking account. This authorization will remain in effect until I provide three weeks notification to terminate this agreement. I agree to notify Lower Allen Township of any change with three weeks notice in the Financial Institution or account, which is to be debited. **NOTE: Where checking account is in joint names, all joint owners must sign this authorization.**

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____