



**Automatic Cash Transfer ACH Application Form**

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Sewer Account Number: \_\_\_\_\_

Name on Checking Account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

I wish to have my payments withdrawn automatically from the following account:  
(Enclose a voided check or deposit slip)

Checking Account

Savings Account

Bank 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 Brighton Sanitary Authority sewer usage 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 New Brighton Sanitary Authority within 15 (fifteen) 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/or New Brighton Sanitary Authority reserve the right to terminate this payment plan at any time. Also, I may elect to discontinue my enrollment in this plan at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this signed form by fax, email or mail:

Fax to: 724-847-5128  
Email to: [NBSA@newbrightonpa.org](mailto:NBSA@newbrightonpa.org)

Mail to: New Brighton Sanitary Authority  
610 Third Ave.  
New Brighton, PA 15066

If you should have any questions, please call (724) 846-1870.