

ALTOONA WATER AUTHORITY

PO Box 3150, Altoona, Pa 16603

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

I Hereby authorize “**The Altoona Water Authority**” to initiate debits for “**Monthly Water / Sewer Charges**” from the checking / savings account indicated below. If an error occurs in the transaction amount, I hereby authorize “**The Altoona Water Authority**” to initiate a correcting transaction to / from the checking / savings account indicated below. I also understand that I must notify the Altoona Water Authority in writing if I wish to terminate this authorization.

This Portion Must Be Completed By AWA Personnel

AWA Account Number / Cycle: _____

AWA Service Address: _____

This Portion Must Be Completed By Bank Personnel

Depository Name: _____

Branch: _____ State: _____

Account Type (Check One): Checking Savings

Transit / ABA Number: _____

Checking / Savings Account Number: _____

Authorized Signature / Phone #: _____

Payer Name(s) on Account: _____

Payer Address: _____

Payer Phone #: _____

Payer Signature: _____ Date: _____

_____ Date: _____

NOTE: PLEASE ATTACH A VOIDED CHECK

Instructions for completing the Authorization Agreement For PreAuthorized Debit

Customers wishing to have water / sewer payments automatically withdrawn from a checking or savings account, must complete this form. A separate form must be completed for each account.

All fields must be completed.

AWA Account Number / Cycle is the account number assigned to the AWA water / sewer account for which the auto draft is to apply and the billing cycle for the account

AWA Service Address is the physical address of the AWA account for which the auto draft is to apply.

* **Depository Name** is the name of the financial institution where the checking / savings account is located. (Ex. M and T Bank, Fred's Employee Credit Union)

* **Branch** is the branch name where the account is located. (Ex. Broad Avenue Altoona)

* **State** is the state where the branch is located.

* **Account Type.** Check the box that indicates whether account is checking or savings.

* **Transit / ABA Number** is used to identify the financial institution at which the payer account is held. Make sure to include the check digit as well.

* **Checking / Savings Account Number** is the account number assigned to the payers checking / savings account.

* **Authorized Signature / Phone #** is the signature of an authorized bank representative and the phone number where inquires can be directed.

Payer Name(s) on Account are the payer name(s) listed for the specified checking / savings account. All names on the account should be listed.

Payer Address is the full address of the payer giving authorization.

Payer Signature is the payers signature. A second signature is required if a second name is listed under "Payer Name(s) on Account".

Date is the date the authorization form is completed by the customer.

Payer Phone # is the phone number of the customer who complete the form.

* Field must be completed by an authorized bank representative.

A voided check must be attached and returned with the completed form or the form will be returned as incomplete.