

ALTOONA CITY AUTHORITY WATER & WASTEWATER DIVISION

PO Box 3150, Altoona, Pa 16603

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

I Hereby authorize "The Altoona City 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 City Authority" to initiate a correcting transaction to / from the checking / savings account indicated below. I also understand that I must notify the Altoona City Authority in writing if I wish to terminate this authorization.

This Portion Must Be Completed By ACA Personnel

ACA Account Number / Cycle: _____

ACA 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Customers wishing to have water / sewer payments automatically withdrawn from a checking or savings account, must complete this form.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.

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

ACA Service Address is the physical address of the ACA 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.

ALTOONA CITY AUTHORITY WATER & WASTEWATER DIVISION
CUSTOMER SERVICE

1301 12th Street, P.O. Box 3150, Altoona, PA 16603-3150

Office Hours: Monday To Friday 8:00 A.M. – 4:00 P.M.

Phone: 949-2540 Fax: 949-2556

Visit Our Web Site: “www.altoonawater.com”

(Date)

(Customer Name)

(Customer Address)

(Customer City, State, Zip)

Re: Auto draft Enrollment

(Customer Name),

Thank you for enrolling in the Altoona City Authority auto draft program.

Your authorization has been processed and the Altoona City Authority will begin drafting payments for your water /sewer bill from the authorized checking / savings account beginning with your _____ bill.

You will continue to receive a bill each month. This is notification to you of the amount that will be withdrawn on the due date specified.

If at any time you have a question or concern regarding this process please contact our customer service department at the number listed above.

Once again, thank you for participating in this program. We look forward to serving you.