

**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 Customer or 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: \_\_\_\_\_

## **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Customers wishing to have water / sewer payments automatically withdrawn from a checking or savings account must complete this form.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 completes the form.

\* Field must be completed by an authorized bank representative.