

Masontown Borough  
**Automatic Cash Transfer ACH Application Form**

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

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

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

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

Water Account Number: \_\_\_\_\_

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

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

I wish to have my payments withdrawn automatically from the following account:

- Checking Account (**Enclose a voided check.**)
- Savings Account (Obtain the following from the bank)

Customer's Account Number: \_\_\_\_\_

Bank Routing & Transit 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 MASONTOWN BOROUGH 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 MASONTOWN BOROUGH 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 MASONTOWN BOROUGH 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 to:**

**MASONTOWN BOROUGH  
1 E CHURCH AVENUE  
MASONTOWN, PA 15461**

If you should have any questions, please 724-583-7731 **\*DO NOT RETURN INFO THROUGH EMAIL\***