

Automatic Bill Paying Form

Please fill out form and return along with a voided check to:
Plumstead Township, Po Box 387, Plumsteadville, PA 18949

Payments will be automatically deducted on or around the 20th of the month the water bill is issued.

Please call 215-766-8914 x 201 if you have any questions.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Plumstead Township

Water Account Name & Property Address: _____

Water Account Number: _____

Contact Phone Number: _____

I (we) hereby authorize **Plumstead Township**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the dollar amount indicated below to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (Bank)

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Account
Number: _____ Number: _____

Check type of Account: Checking Account [] Savings Account []

Amount to be debited: _____

Frequency of payment: [] Quarterly

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY thirty (30) days to act on it.

In consideration of Plumstead Township accepting payments via fund transfers and intending to be legally bound hereby, _____ (hereinafter referred to as "Sender") hereby agrees to indemnify, defend and save and hold harmless Plumstead Township, its officers, employees, agents, successors and assigns (collectively, the "Indemnified Party") from and against, and to reimburse the Indemnified Party with respect to, any and all claims, demands, causes of action, losses, damages, liabilities, costs and expenses (including reasonable attorneys' fees and expenses, court costs, and costs of appeals) asserted against or incurred by the Indemnified Party by reason of or arising out of: any payment order authorized by Sender as it may be amended from time to time by Sender. Indemnified Party's only liability to Sender shall be to refund any over payment it receives as a result of an erroneous payment order. Otherwise, Indemnified Party shall not be responsible or liable for any costs, interest, penalties, overdraft fees or any type of expense or loss of any kind or claim suffered by Sender as a result of an erroneous payment order.

Name (please print)

Name (please print)

X _____
Signature Date

X _____
Signature Date