

LOGAN TOWNSHIP SEWER DEPARTMENT
100 Chief Logan Circle, Altoona, PA 16602

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

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

This Portion Must Be Completed By Logan Township Personnel

LT Account Number / Cycle: _____

LT 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 Number: _____

Payer Name(s) on Account: _____

Payer Address: _____

Payer Phone Number: _____

Payer Signature: _____ Date: _____

Payer Signature: _____ Date: _____

NOTE: PLEASE ATTACH A VOIDED CHECK

Instructions for completing the Authorization Agreement for Preauthorized Debit

Customers wishing to have sewer payments automatically withdrawn from a checking or savings account must complete this form.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

LT Account Number / Cycle is the account number assigned to the Logan Township (LT) sewer account for which the auto draft is to apply and the billing cycle for the account (if applicable).

LT Service Address is the physical address of the Logan Township 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 (e.g. M&T Bank, ARC Federal Credit Union).
- * **Branch** is the branch name where the account is located (e.g. Broad Avenue, Altoona).
- * **State** is the state where the branch is located.
- * **Account Type** indicates whether the account is checking or savings.
- * **Transit / ABA Number** is used to identify the financial institution at which the payer's account is held. Make sure to include the check digit as well.
- * **Checking / Savings Account Number** is the account number assigned to the payer's checking / savings account.
- * **Authorized Signature / Phone Number** is the signature of an authorized bank representative and the phone number where inquiries can be directed.

Payer Name(s) on Account is/are the payer's 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 payer's 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 Number is the phone number of the customer who completes the form.

- * Field must be completed by an authorized bank representative from the customer's bank.

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