

MUNICIPAL WATER AUTHORITY OF ALIQUIPPA
(MWAA)

Water and Sewer Accounts
Automatic Bill Payment Option Enrollment Form

Name: _____

Service Address: _____

Billing Address: _____

Contact Phone Number: _____ Water/Sewer Account Number: _____

Name on Checking/Savings Account: _____

I wish to have my payments withdrawn automatically from the following account: (*check one please*)

_____ Checking Account (*Please include a voided check*)

_____ Savings Account (*Obtain the following from the bank*)

Financial Institution Name: _____

Customer's Account Number: _____

Bank Routing & Transit Number: _____

Authorization Agreement for Automatic Cash Transfer

I hereby authorize **MUNICIPAL WATER AUTHORITY OF ALIQUIPPA** to automatically debit my checking or savings account for the amount of my **MWAA** water/sewer 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 **MWAA** 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 **MWAA** 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: **MUNICIPAL WATER AUTHORITY OF ALIQUIPPA**
140 Bet Tech Drive, Aliquippa, PA 15001-2419
If you should have any questions, please call 724-375-5525

Note: After receipt of your enrollment form, there will be some processing time required to implement the withdrawal process, when you receive your first bill with the words **"THIS WILL BE DEDUCTED DIRECTLY FROM BANK ACCOUNT – DO NOT PAY"** you can assume that the bill amount will be withdrawn from your bank account.

MWAA OFFICE USE ONLY

MWAA Account No. _____ Date processed _____ Employee Initials _____