

Dear Customer: We appreciate your payments. We currently accept cash, personal checks, money orders and credit card payments. In order to better serve you, we now offer automatic payments from your bank account. Automatic payments are free and easy to do and safeguard your bank information. Fill out the form below and return it to the Utility Office.

PLEASE FILL OUT THE FORM COMPLETELY AND LEGIBLY.

Authorization for Automatic Payment of Recurring Utility Billing from Your Bank Account (ACH)

Name: _____ Utility Account Number: _____

Address: _____ Phone Number: _____

Email Address: _____

Bank Name: _____

Account Number: _____ Routing Number: _____

Account Type: Checking _____ (Enclose a Voided Check) Savings _____

Please Note: Payments will be withdrawn five (5) business days prior to due date. The Borough is not responsible for any fees your financial institution may charge.

Authorization Agreement for the Automatic Cash Transfer

I hereby authorize the financial institution I have named on this application to charge the account I specified for payment on my Lehighon Borough monthly utility invoice. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I agree that the payment will be charged to my account five (5) business days prior to due date. I may elect to discontinue my enrollment in this plan at any time by completing the ACH Debit Stop Payment Request Form, which is available in the utility billing office.

I understand that if my ACH is returned, I will be responsible for the Borough's returned check fee as per the current fee schedule, in addition to any charged by bank and/or the Federal Reserve. I further understand that if two (2) of my ACH payments are returned; I will no longer have the option to pay my monthly utility bill utilizing this payment option.

I understand that any balance on my account on or before the date on this application must be paid in full by means other than ACH Payment. Your ACH payment will equal your total monthly charge.

Please allow up to two (2) billing cycles to take effect.

Signature: _____

Date: _____

Return this signed form to: Lehighon Borough Utility Office
PO Box 29
Lehighon, PA 18235

If you should have any questions, please call (610)377-4004 to reach the billing office.