

NEW BRIGHTON BOROUGH SANITARY AUTHORITY

610 THIRD AVENUE, NEW BRIGHTON, PA 15066

(724) 843-0698 • NBBSA@NEWBRIGHTONPA.ORG

Automatic Cash Transfer (ACH) Application Form

Name: _____

Service Address: _____

Phone Number: _____

Billing Address: _____

Sewer Account Number: _____

Name on Checking/Savings Account: _____

Financial Institution: _____

I wish to have my payments withdrawn automatically from the following account:
(Enclose a voided check or deposit slip)

Checking Account Savings Account

Bank Account Number: _____

Bank Routing 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 New Brighton Borough Sanitary Authority 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 New Brighton Borough Sanitary Authority within fifteen (15) days of the due date of my bill. If I stop payment two (2) times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and/or the New Brighton Borough Sanitary Authority 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 by fax, email or mail:

Fax: (724) 847-5128
Email: nbbsa@newbrightonpa.org

Mail: New Brighton Borough Sanitary Authority
610 Third Avenue
New Brighton, PA 15066