

BRIDGEVILLE BOROUGH CONSUMER DEBIT AUTHORIZATION QUARTERLY GARBAGE BILLING

Direct Payment Enrollment for Recurring Bill Payment

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

Please deduct my direct payment from my account:

FINANCIAL INSTITUTION: _____

TRANSIT/ABA#: _____

ACCOUNT NUMBER: _____

Checking Account \$ _____

Savings Account \$ _____

I authorize "Bridgeville Borough" to deduct my Quarterly Garbage payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify "Bridgeville Borough" in writing at the following address:

Payments will be deducted the 15th of the month of bill generated.

Bridgeville Borough
425 Bower Hill Road
Bridgeville, PA 15017

SIGNATURE: _____ DATE: _____

NOTE: Enclose a voided check with this form.