

AUTHORIZATION FOR DIRECT PAYMENT

I/we hereby authorize HAMPTON SHALER WATER AUTHORITY and the financial institution named below to initiate entries, and if necessary, any adjustments needed to correct entries made in error to my/our checking/savings account.

Name of Financial Institution Branch

City State Zip Code

Account No. _____ Checking _____ Savings _____

Financial Institution Routing No. _____
Number between these symbols ' : ' on the bottom of your check.

This authority will remain in effect until I/we notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

Name (s) _____

Signed _____ Date _____

Signed _____ Date _____

**Please sign me up for paperless billing: Yes _____ No _____

E-Mail Address: _____

HSWA Account No. _____

HSWA Account Name: _____

Service Address: _____

Contact Telephone Number: _____

PLEASE MAIL COMPLETED APPLICATION AND VOIDED CHECK TO:

Hampton Shaler Water Authority
P.O. Box 66
Allison Park, PA 15101

**Note: When signing up for paperless billing, statements will be e-mailed to you on your billing date. The amount due will be automatically deducted from your account on the due date shown on your bill.