

# EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944  
Phone 215-257-9156 • Fax 215-257-1299

website: [www.EastRockhillTownship.org](http://www.EastRockhillTownship.org)



## ACH Recurring Payment Authorization Form

*Completed form can be faxed or mailed to East Rockhill Township, as above.*

Schedule your payment to be automatically deducted from your checking or savings account with every billing.

Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on your bill.

Be sure that you have funds in your account to cover the payment to avoid NSF (Non Sufficient Funds) charges.

Charges and fees are according to the current Fee Schedule which is available on our website: [www.eastrockhilltownship.org](http://www.eastrockhilltownship.org).

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### Please complete the information below:

I \_\_\_\_\_ authorize East Rockhill Township to charge my bank account  
(full name)

on the 30th day of the billing month/due date for payment of my sewer bill (and streetlight bill, if applicable). Payment may be posted the next business day.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

I would like my bill emailed to save paper.  I would like my bill emailed in addition to receiving a paper copy.

Account Type:  Checking  Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify East Rockhill Township in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. . I understand that because this is an electronic transaction, these funds may be withdrawn from my account on the above noted periodic transaction date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that East Rockhill Township may at its discretion attempt to process the charge again within 30 days, and agree to an NSF charge, as on the current fee schedule, for each attempt returned NSF which may be added to my bill as a separate charge. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_