

**WRIGHTSVILLE BOROUGH MUNICIPAL AUTHORITY  
AUTOMATIC PAYMENT (ACH) APPLICATION FORM**

NAME: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

WBMA ACCOUNT NUMBER: \_\_\_\_\_

NAME ON CHECKING ACCOUNT: \_\_\_\_\_

I WISH TO HAVE MY PAYMENTS WITHDRAWN AUTOMATICALLY FROM THE FOLLOWING ACCOUNT:

CHECKING ACCOUNT (PLEASE ENCLOSE A VOIDED CHECK)

SAVINGS ACCOUNT (OBTAIN THE FOLLOWING FROM THE BANK)

CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

BANK ROUTING & TRANSIT NUMBER: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT**

**I authorize the financial institution I have named on this application to charge the account I have specified for payment on my WBMA water/sewer/refuse 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 WBMA within 15 (fifteen) days of the due date of my bill. If I stop payment 2 (two) times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and WBMA reserve the right to terminate this payment plan and/or my participation therein. At any time I may elect to discontinue my enrollment in this plan.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RETURN TO: WBMA  
601 Water Street  
Wrightsville, PA 17368  
(717) 252-2768