

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I hereby authorize the Butler Area Sewer Authority (Authority) to initiate withdrawals from my account at the financial institution named in this application for payment of quarterly, or monthly if applicable, service bills and authorize the financial institution to charge such withdrawals to my account. I understand that both the financial institution and Authority reserve the right to terminate this payment plan and/or my participation therein. I also understand that I may discontinue enrollment upon two weeks written notice to the Authority's Finance Director.

Yes, sign me up for the Authority's Direct Payment Plan. I elect to have my quarterly, or monthly if applicable, bill paid through the Authority's Direct Payment Plan. In addition, I acknowledge that I have reviewed and agree with the conditions set forth in the Direct Payment Plan Disclosure Statement.

_____ Customer Name, as it appears on your bill

_____ Address

_____ City, State, ZIP

_____ Telephone

_____ Account number as it appears on your bill

_____ Name on checking or savings account (if different from Customer Name)

_____ Name of Financial Institution

Choose one account below from which payment will be automatically deducted:

_____ Checking Account (**Enclose a blank check marked "VOID"**)

_____ Statement Savings Account (NO Passbook Accounts)

If you choose Statement Savings Account, ask your financial institution for the following:

_____ Account Number

_____ Transit Routing Number

Signature _____ Date _____

Return completed form, and voided check if applicable, to:

Butler Area Sewer Authority

100 Litman Road

Butler, PA 16001-3256

Authorized by Authority Personnel _____ Date _____