



Highridge Water Authority
17 Maple Avenue
Blairsville, PA 15717
(724) 459-8033 (724) 459-5629 (FAX)

Customer Name _____

Account # _____

Mailing Address _____

City _____ State _____ Zip _____

I / we hereby authorize the Highridge Water Authority to initiate debit entries and, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and or debit the same to such account(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

Please attach a voided check to this form and return to Highridge Water Authority

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

ABA Number: _____ (9-digit bank number)

Bank Account Number: _____

Account Type: Checking Savings

This authorization is to remain in full force and effect until **Highridge Water Authority** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Highridge Water Authority** a reasonable time to act on it.

Full Name (first, middle, last) Printed

Phone Number

E-Mail address

Signature (required)

Date