



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

ATTENTION: HIGHRIDGE WATER CUSTOMERS
RE: AUTOMATIC BILL PAYER SERVICE AVAILABLE

Highridge Water Authority is pleased to announce we now offer automatic bill payment service! Are you tired of paying for stamps to mail bills and/or paying late fees because you lost the bill or forgot about it? We have a solution! Take a few minutes to read and complete the attached form and your bill payer service will be set up in a few weeks.

Once received by Highridge, please allow one billing cycle before the service will begin. You will know that it has started because the following notation will be on your water bill:

Do not send payment, total amount will be
deducted from your bank account on the due date

The exact date of debit from your checking account will depend on your due date, although it will never be deducted before the due date.

George E. Sulkosky
Executive Director
HIGHRIDGE WATER AUTHORITY



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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