Automatic Bill Payment Authorization

Please print, complete and sign this authorization form and return it with your voided check to:

Elverson Water Company, Inc.
P.O. Box 20
Elverson, PA 19520
610-286-5115

Name as it appears on your bank account

Bank Name

Staple voided check here if available

⑆ ⑆
Bank Routing No.

⑈
Your Bank Account No.

Account Type: ☐ Savings ☐ Checking

I hereby authorize my financial institution to charge the account I have specified in the amount of my water/sewer bill and send that amount to Elverson Water Company/Nantmeal Warwick Sewer Company (the utility.) I agree that each charge to my account shall be the same as if I had signed a check to pay my bill. This authority will remain in effect until I notify the utility otherwise. If I change the account or financial institution specified, I will provide written authorization for the new account and/or financial institution to the utility. In addition, I have the right to stop payment of a charge by notifying the utility three days before the account is charged. I understand both the financial institution and the utility reserve the right to terminate this payment plan and/or my participation therein.

Customer Signature

Date