



WEST HILLS AREA WATER POLLUTION CONTROL AUTHORITY
257 LINDE ROAD, KITTANNING, PA 16201-4719
724-545-9126 PHONE
724-545-9305 FAX

AUTOMATIC DEBIT AUTHORIZATION

Customer Information:

Name: _____ Account No.: _____

Address: _____

Phone: _____

Financial Institution:

Institution Name: _____

Name(s) on Account: _____

Type of Account: _____ Checking _____ Savings

Checking/Saving Routing No.: _____

Checking/Savings Account No.: _____

I hereby authorize the West Hills Area Water Pollution Control Authority (WHAWPCA) to automatically deduct the balance of my monthly sewer charges from my checking or savings account as noted above. Payments will be debited in the amount of my balance on the due date listed on your billing card, which I will still receive each month. I understand that I control my payments and I may decide to discontinue this service at any time.

Auto debit of your designated account will begin the month following receipt and approval of your completed authorization form. If you wish to discontinue Auto Debit, the WHAWPCA must be notified at least five days prior to the end of the month.

Signature: _____ Date: _____

NOTE: Please return completed form to our office, **along with a voided check or savings deposit slip** from the account to be debited.

If you prefer to have your monthly sewer bill(s) emailed to you instead of delivery by US Mail, please provide your email address:

*If you choose to have your sewer bill(s) delivered via email, you will not receive a printed bill.