



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

AUTO DEBIT AUTHORIZATION

I hereby authorize the West Hills Area Water Pollution Control Authority (WHAWPCA) to automatically deduct the amount of my monthly sewer charges from my checking or savings account as noted below. I understand that I will still receive a billing card each month; when the due date arrives, my bank account will be debited in the amount of my bill. 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.

CUSTOMER NAME

SEWER ACCOUNT NO.

STREET ADDRESS

NAME OF FINANCIAL INSTITUTION

CHECKING SAVINGS

CITY, STATE, ZIP

TYPE OF ACCOUNT - CIRCLE ONE

DAYTIME PHONE NO.

CHECKING/SAVINGS ACCOUNT NO.

NAME(S) ON ACCOUNT

CUSTOMER SIGNATURE

DATE

NOTE: Please return this 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 delivered 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.**