



**SAA AUTO PAY**  
**Monthly Authorization Agreement for Automatic Payments**  
**Enrollment Form**

I hereby authorize the Saxonburg Area Authority to initiate withdrawals from my account at the financial institution named in this application for payment of sewer service charge monthly service bills and authorize the financial institution and the Saxonburg Area Authority reserves the right to terminate this payment plan and/or my participation therein. I also understand that I may change bank accounts or discontinue enrollment at any time with written notice 10 days prior to the due date listed on my bill:

Email: [contact.saa@saxonburgpa.com](mailto:contact.saa@saxonburgpa.com) Fax: 724-352-8820  
 Mail: Billing Department, Saxonburg Area Authority, 420 West Main Street, Saxonburg, PA 16056

Please check that you wish to be a part of the SAA Auto Pay Bill Plan.

By checking this box, I understand that funds will automatically be withdrawn from my account.

Customer Name (as it appears on your bill) \_\_\_\_\_ SAA Account # (ex. 12345-0) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Name on checking/savings (if different from Customer Name) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Choose one account below from which payment will be automatically deducted:

Checking Account (**Enclose a blank check marked "VOID"**)

Statement Savings Account (No Passbook Accounts)

**(Ask your financial institution & enter below)**

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

**PLEASE NOTE: YOU MUST PAY YOUR CURRENT BILL IN FULL. AUTO PAY WILL BEGIN WITH THE NEXT MONTH'S BILL.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form and copy of void check to: [contact.saa@saxonburgpa.com](mailto:contact.saa@saxonburgpa.com)  
 Fax: 724-352-8820  
 Via mail: Billing Department, Saxonburg Area Authority, 420 West Main Street, Saxonburg, PA 16056