



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 by the 21st of each month to:

Email: contact.saa@saxonburgpa.com

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By checking this box, I understand that funds will automatically be withdrawn from my account.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

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. AUTOPAY WILL BEGIN WITH THE NEXT MONTH'S BILL. YOU MUST INCLUDED A BLANK CHECK MARKED "VOID"

Signature _____ Date _____

Return completed form and copy of void check to: contact.saa@saxonburgpa.com
 or via mail: Billing Department, Saxonburg Area Authority, 420 West Main Street, Saxonburg, PA 16056