

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I hereby authorize Slippery Rock Municipal Authority to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly water/sewer service bills and authorize the financial institution to charge such withdrawals to my account. I understand that both the financial institution and Slippery Rock Municipal Authority reserve the right to terminate this payment plan and/or my participation therein. I also understand that I may discontinue enrollment at any time with written notice to **Slippery Rock Municipal Authority, P.O. Box 157, Slippery Rock, PA 16057**.

Yes, sign me up for the Slippery Rock Municipal Authority payment plan.

I elect to have my monthly bill paid through the Slippery Rock Municipal Authority payment plan.

Customer Name, as it appears on your bill

Address

City, State, ZIP

Telephone

Account number as it appears on your bill

Name on checking or savings account (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)

If you choose Statement Savings Account, ask your financial institution for the following:

_____ Account Number

_____ Transit Routing Number

Signature _____ Date _____

Return completed form to:

SLIPPERY ROCK MUNICIPAL AUTHORITY

P.O. BOX 157

SLIPPERY ROCK, PA 16057-0157