

**GREATER JOHNSTOWN
WATER AUTHORITY**

PO Box 1407
640 Franklin Street
Johnstown, PA 15907
(814) 533-4300 Fax (814) 536-0770

(Office Use) ACCOUNT NO. _____

Authorization Agreement for Direct Debit Payments (ACH Debits)

Greater Johnstown Water Authority

GJWA Account Number _____

Service Address _____

I (we) hereby authorize Greater Johnstown Water Authority (GJWA) to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.
Payments will be scheduled for the Due Date but can be withdrawn up to a week in advance. Payment funds must be available.

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Routing No. _____ Account No. _____

This authorization is to remain on full force and effect until GJWA has received written notification from me (or either of us) of its termination in such manner to afford GJWA and DEPOSITORY a reasonable opportunity to act on it.

Name (please print) _____

Date: _____

SIGNATURE: _____

SIGNATURE: _____

Please note that a voided check is required by GJWA before finalization of this payment option can be completed. Your check along with a completed copy of this form can be mailed to the above address or dropped off at our office.