

NEW FREEDOM BOROUGH

Automatic Cash Transfer (ACH) Application Form

***This is an optional, free program of reoccurring payments through your bank account.**
Your utility bill will reflect "Auto-pay" next billing, upon being added to this program.

Name: _____

Service Address: _____

Phone Number: _____

Utility Account Number: _____

Name on Checking Account: _____

Financial Institution: _____

I wish to have my payments withdrawn automatically from the following account:

Checking Account (Enclose a voided check.) Savings Account

Bank Routing Number: _____

Bank Account Number: _____

Authorization Agreement for Automatic Cash Transfer

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my New Freedom Borough utility bill. I agree that this includes all outstanding balances as well as current invoices. The full balance due will always be deducted on each due date. I authorize each charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying the New Freedom Borough 15 (fifteen) days prior to the due date of my bill. In addition, I understand that both the financial institution and/or New Freedom Borough reserve the right to terminate this payment plan at any time. Also, I may elect to discontinue my enrollment in this plan at any time.

Signature: _____ **Date:** _____

PAPERLESS (E-BILL) SIGN-UPS - This is a SEPARATE, optional paperless program

I wish to only receive my monthly invoices electronically, via E-bill.
Email address: _____

Return this signed form to:

**New Freedom Borough
49 East High Street
New Freedom PA 17349**