

# THE MUNICIPAL AUTHORITY OF THE CITY OF SUNBURY

COUNTY OF NORTHUMBERLAND, PENNSYLVANIA

462 S. 4th Street

SUNBURY, PENNSYLVANIA 17801

MAIN OFFICE

Phone: (570) 286-5858

Fax: (570) 286-7162

## Pay Your Utility Bill by Direct Debit

Sunbury Municipal Authority has its own Direct Debit Program for Utility Payments.

Simply fill out the bank authorization form and return it with your regular utility payment to our office.

Don't forget to debit your bank register for your monthly payment amount every month.

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Company Name: **Sunbury Municipal Authority**

I (we) hereby authorize the SUNBURY MUNICIPAL AUTHORITY hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below and the Financial Institution named below hereinafter called BANK to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

YOUR BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK TRANSIT/ABA #: \_\_\_\_\_

BANK ACCOUNT #: \_\_\_\_\_ CHECKING / SAVINGS  
CIRCLE ONE

**If using a Checking account, you must include a voided check with this Authorization form.**

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and BANK reasonable opportunity to act on it.

NAME(S) (Please Print): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

UTILITY ACCOUNT #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**One form must be completed for each account number.**

**The Authority will charge an Insufficient Funds Service Fee if there are not enough funds in the account to cover the debit.**