



# Borough of Danville

463 Mill Street Danville, PA. 17821 Phone 570-275-3091 Fax 570-275-2656 www.danvilleboro.org

## Automatic Cash Transfer ACH Application Form

Account No.: \_\_\_\_\_

Service Address: \_\_\_\_\_

Contact Name / Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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I wish to have my payments withdrawn automatically from the following account: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 (Obtain the following from the bank)

Customer's Account Number: \_\_\_\_\_

Bank Routing & Transit 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 Borough of Danville quarterly invoice on or about 7 (seven) days prior to the due date. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. If no funds are available to be withdrawn from my account, I agree to pay cash for a \$25.00 service fee plus my account balance to the Borough of Danville immediately. If I change the account or financial institution specified, I will provide written authorization for the new financial institution to the Borough of Danville. I have the right to stop payment of a charge by notifying the Borough of Danville within 15 (fifteen) days of the due date of my bill. I may elect to discontinue my enrollment in this plan at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this signed form to: Borough of Danville  
463 Mill Street  
Danville, PA 17821

If you should have any questions, please call 570-275-3091 ext. 2