



1201 West Branch Road
State College, PA 16801-7697

www.scbwa.org

Telephone: 814-238-6766
FAX: 814-238-2175

AUTOMATIC BILL PAYMENT

Account # : _____

CID #: _____

If you are interested in having your water bill payment automatically deducted from your checking or savings account, please provide the Authority with the following information:

AUTHORIZATION FOR AUTOMATIC BILL PAYMENT	
Please Complete <u>ALL</u> Sections and return this form:	
I authorize the State College Borough Water Authority to instruct my banking/savings institution to make my water (and sewer if located in State College Borough) payment from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the Authority in writing 10-14 days BEFORE the due date of the bill. Please call the Authority if you have any questions.	
Name: _____ (Please Print Clearly)	Date: _____
Service Address: _____	
City: _____	State: _____ Zip Code: _____
Signature: _____	Phone: _____
E-MAIL: _____	
BANKING INFORMATION: (Bank, Savings & Loan, Credit Union)	
Financial Institution: _____	
Account Number: _____	Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>
Routing Number: _____	
*Please also complete the routing number and account number below:	

Date _____	
Pay to the Order of _____	\$ _____ Dollars
Memo _____	
Routing Number _____	Account Number _____

FOR OFFICE USE ONLY:

REMARKS: _____ ACCOUNT: _____ DATE COMPLETED: _____ INITIAL: _____