

**CHALFONT-NEW BRITAIN TOWNSHIP JOINT SEWAGE AUTHORITY
DIRECT PAYMENT OF SANITARY SEWER BILLS AUTHORIZATION AGREEMENT**

I hereby authorize Chalfont-New Britain Township Joint Sewage Authority (CNB) and my financial institution to initiate the quarterly payment of my sewer rental bill from the account specified below. If I change financial institutions, wish to terminate direct payment, or wish to stop payment of the quarterly amount, I will take the responsibility to notify CNB in writing at least thirty (30) days before my account is to be charged. **I also understand that all returned checks are subject to a \$25.00 Non-Sufficient Fund Fee.** If payments are returned to CNB at least two (2) times, CNB reserves the right to terminate this payment agreement. This authorization will remain in effect until I notify CNB otherwise.

For your convenience, you will continue to receive a regular sewer bill.

Payment is deducted on the 20th of the month unless the due date falls on a weekend or bank holiday, then payment is deducted on the first business day thereafter.

CNB Account #:	
Service Address:	
Homeowner Name:	
Billing Address:	
Home Phone:	
Name of Financial Institution:	
Name of Bank Account Holder:	
Type of Account: (check one)	<input type="checkbox"/> Checking (ATTACH BLANK CHECK MARKED VOID) <input type="checkbox"/> Savings
Account #:	
Bank Routing #:	

Signature: _____ Date: _____

Please return to CNB at the following address:

**Chalfont-New Britain Township Joint Sewage Authority
PO Box 217
Chalfont, PA 18914-0217**

NOTE: Authorization Agreements must be received 30 days prior to the month in which you wish to begin automatic payment.

OFFICE USE ONLY—DO NOT FILL IN BELOW THIS LINE

Bank Code # _____ Billing Code charge to: _____ Cycle Charge to _____