

**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 quarterly payments of my sewer bill from the account specified below. If I change financial institutions, wish to terminate direct payment, or wish to stop payment of quarterly sewer bills, I will take responsibility to notify CNB in writing at least thirty (30) days before my account is to be charged. **I 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 with no further notice. 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 a bank holiday, then the payment is deducted 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 the completed form to CNB at the following address:

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

Or email to aoldfiled@cnbsa.org

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

OFFICIAL USE ONLY – DO NOT FILL IN BELOW THIS LINE

Bank Code# _____ Billing Code Charge To: _____ Cycle Charge To: _____