

**AUTHORIZATION FOR DIRECT WITHDRAWAL OF FAIRVIEW
TOWNSHIP SEWER AND/OR REFUSE CHARGES**

NAME _____

PROPERTY ADDRESS _____

BILLING ADDRESS (if different) _____

I/we hereby authorize Fairview Township to withdraw the costs of the quarterly sewer and/or refuse bill from my bank account. **THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I/WE PROVIDE A FORTY-FIVE (45) DAY WRITTEN NOTIFICATION TO TERMINATE THIS AGREEMENT. I/WE FURTHER AGREE TO NOTIFY FAIRVIEW TOWNSHIP IN WRITING FORTY-FIVE (45) DAYS PRIOR TO THE NEXT BILLING DUE DATE TO MAKE ANY CHANGE IN THE FINANCIAL INSTITUTION OR ACCOUNT WHICH IS TO BE DEBITED.** The charges for residential trash only and/or for residential trash and sewer will be withdrawn from my/our account on January 30, April 30, July 30, and October 30 of each year or the first business day thereafter. The amount(s) deducted will be on the quarterly statement you receive from Fairview Township.

***** A VOIDED CHECK MUST BE ATTACHED IN ORDER TO UTILIZE THE DIRECT WITHDRAWAL OPTION. THE ACCOUNT NUMBER ON THE CHECK MUST EXACTLY MATCH THE NUMBER WRITTEN ON THIS FORM. *****

Please provide the following information and return the entire form to:

Fairview Township
599 Lewisberry Road
New Cumberland, PA 17070

Bank Name _____

Routing Number _____

Checking Account Number _____

Your Daytime Telephone Number _____

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

If checking account is in joint names, both owners must sign this authorization. This form must be returned to the Township no later than December 10, March 10, June 10 or September 10 to be effective for the following billing cycle.

NEW

CHANGE