

*Burgettstown-Smith Township Joint Sewerage Authority  
377 Joffre Bulger Rd. Burgettstown, Pa 15021.  
P.O. Box 389, Burgettstown, Pa. 15021  
(724) 947-9609 Fax 724-947-9614  
Office Hours Mon. 8am-4pm Tues. Closed Wed.-Fri. 8am-4pm  
Closed the first business day of the month*

**AUTOMATIC WITHDRAW (ACH) AUTHORIZATION**  
**FORM**

I authorize Burgettstown-Smith Township Joint Sewerage Authority to receive payments via automatic withdrawal from my bank account. Complete the following information:

Name (as shown on your bill) \_\_\_\_\_

BSTJSA Account Number \_\_\_\_\_

Name Bank \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Please attach a voided check.

Please check one: \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 25<sup>th</sup> or last business day of the month \_\_\_\_\_

If the 10<sup>th</sup> or the 25<sup>th</sup> falls on a Saturday or Sunday, your account will be debited for following Monday. If the 10<sup>th</sup> or the 25<sup>th</sup> falls on a holiday it will be debited the next business day.

All balances must be paid in full...there can not be any partial payments automatically withdrawn.

Please continue to pay monthly bill until (Direct Debit Plan Do Not Pay) appears on your bill.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_