

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)



COMPANY NAME Hanover Township Sewer Authority (HTSA) COMPANY ID NUMBER 1941960

I (we) hereby authorize HTSA hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME Washington Financial Bank BRANCH Burgettstown
CITY Burgettstown STATE PA ZIP 15021

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable, opportunity to act on it.

NAME(S) _____ HTSA ID NO. Acct# _____

DATE _____ SIGNED _____