

FAIRCHANCE-GEORGES JOINT MUNICIPAL SEWAGE AUTHORITY

80 North Morgantown St.

Fairchance, PA 15436

724-564-1010 * FAX 724-564-1000

fgjmsa@verizon.net

Sewage Account No(s). _____

Name on card: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Cell Phone: _____

Type of Card: _____ VISA _____ MASTERCARD

Card # _____

Expiration Date: _____ Security Code: _____ (3 digit code on back of card)

If you want receipt emailed to you, please provide email address: _____

Do you still want a bill mailed to you each month? (Circle One) Yes No

I hereby authorize the Fairchance Georges Joint Municipal Sewage Authority to electronically debit the above captioned card in the amount of my monthly bill(s) as payment for my sewage bill(s).

I understand that payments will be withdrawn on the 18^h of each month. I also understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the Authority in writing.

The Authority will use good faith efforts to make your payment properly, however, will incur no liability if we are unable to complete any payment initiated via this service because your designated account does not contain sufficient available funds to complete the payment, or the payment would exceed the credit limit of your designated account's overdraft line, or the payment is unable to process due to a lost, stolen, expired or changed card.

Signature _____ Date: _____