

Fairchance Georges Joint Municipal Sewage Authority

80 N. Morgantown St.

Fairchance, PA 15436

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

www.fgjmsa.com

ACH AUTHORIZATION FORM

Sewage Acct # _____

Name as it appears on Bank Account: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Mobile: _____

Type of Account (Circle One): CHECKING SAVINGS

Bank Name: _____ Routing Number: _____

Account Number: _____

I certify that the information listed above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Fairchance Georges Joint Municipal Sewage Authority (FGJMSA) to deduct the amount due for my sewage bill from this bank account via Electronic Fund Transfer. I understand sending a written notification to FGJMSA I can revoke this Authorization.

The FGJMSA will use good faith efforts to make your payment, however, will incur no liability if we are unable to process your payment initiated via this service because your designated account does not contain sufficient funds available to complete your payment, or if the payment would overdraft your account we are not liable for any associated fees charges by your bank or any third parties.

Print Authorized Name: _____

Signature: _____ Date: _____