FOX CHAPEL
A U T H O R I T Y

Automatic Bill Payment

The automatic bill payment system will withdraw your water and sewer payments from your checking or savings account automatically based on your authorization.

Your water and sewer invoice will continue to be mailed on the last business day of the month for your area as shown below:

Route	Months
2 & 6	January, April, July, and October
3	February, May, August, and November
1, 4, & 5	March, June, September, and December

You would receive your bill and know the amount prior to the withdrawal occurring on the due date.

If you would like to enroll in this program, kindly complete the form on the reverse side. This will start with your next billing after we have received your completed form.

Fox Chapel Authority Account Owner Information

Name on Account: _____

Street: _____

City: _____ State: _____ Zip: _____

Account No.: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC ENTRIES

Company Name: _____Fox Chapel Authority_____

I/we hereby authorize the above named COMPANY to initiate ☐ credit ☐ debit entries and, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

Please attach a voided check to this form and return to the Company

Financial Institution Information

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____

Account No.: _____

Account Type: ☐ checking ☐ savings

This authorization 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 time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

_____
Full Name (first, middle, last) – Please print

_____
Signature (required)

_____
Date