

**The Municipal Authority of the Borough of Portage Water & Portage Area Sewer Auth.  
AUTOMATIC CASH TRANSFER (ACT) APPLICATION FORM**

NAME \_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PWA ACCOUNT NUMBER \_\_\_\_\_

NAME ON CHECKING ACCOUNT \_\_\_\_\_

**I WISH TO HAVE MY PAYMENTS WITHDRAWN AUTOMATICALLY FROM  
THE FOLLOWING ACCOUNT:**

\_\_\_ CHECKING ACCOUNT (ENCLOSE A VOIDED CHECK)

\_\_\_ SAVINGS ACCOUNT (OBTAIN THE FOLLOWING FROM THE BANK)

**BANK ROUTING & TRANSFER NUMBER** \_\_\_\_\_

**CUSTOMER ACCOUNT NUMBER** \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATIC CASH TRANSFER**

**I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my water & sewer usage bill. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying PWA within 15 (fifteen) days of the due date of my bill. If I stop payment 2 (two) times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and the PWA reserve the right to terminate this payment plan and/or my participation therein. At any time I may elect to discontinue my enrollment in this plan. There will be a twenty (\$20.00) charge for insufficient funds if an account is returned from the bank.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RETURN TO: PORTAGE WATER AUTHORITY  
606 CAMBRIA STREET  
PORTAGE, PA 15946  
PHONE: 814-736-9642**

***“This Institution Is an Equal Opportunity Provider & Employer***