



BOROUGH OF SUGARCREEK

CONSUMER ACH AUTHORIZATION

Direct ACH payment Enrollment for Recurring Bill Payment

Name: _____

Billing Address: _____

City/State/Zip: _____

Daytime Phone Number: _____ Water/Sewer Account #: _____

Please deduct my monthly water/sewer payment from my bank account by ACH

Bank (ACH) Name: _____

Checking Routing Number _____

Savings Account Number _____

I authorize Sugarcreek Borough to deduct my monthly Sewer/Water payment by method of ACH Debit From the above bank account on the 20th of each month. I understand that this authorization will remain in effect until I cancel it, in writing and I agree to notify Sugarcreek Borough, in writing, of any changes to my bank account information or termination of this authorization at least 15 days prior to the next billing date (20th). If the 20th falls on a weekend or holiday, I understand that the payment may be executed on the next business day. In case of an ACH transaction being rejected for Non Sufficient Funds or any other reason I understand that there will be a \$40 service charge assessed to my account. If my payment is rejected from my financial institution, for any reason, 2 times in any 6 month period I understand that my ACH privileges will be terminated by Sugarcreek Borough and all payments must be made in cash. After 1 year of on time payments my account may be eligible for reinstatement of ACH payment at the sole discretion of Sugarcreek Borough and a new Consumer ACH Authorization form will need to be completed.

Signature: _____ Date: _____

Note: Please enclose a voided check or savings deposit slip with this form.

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