JIM THORPE BOROUGH
115 East Tenth Street
Jim Thorpe, Pa. 18229
570-325-3025

Automatic Cash Transfer ACH Application Form

Property Owner:_____Phone #:_____

Billing Address:_____

City, State, Zip:_____

Service Address:_____ Utility Account number:_____

Name on Checking Account:_____

Financial Institution:_____

I wish to have my utility payments withdrawn automatically from the following account:

_____ Checking Account (Enclose a voided check)

_____ Savings Account (obtain the following from the bank)

Customer's Account Number:_____

Bank Routing & Transit 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 Jim Thorpe Borough monthly utility invoice. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I agree that the payment will be charged to my account on the due date of each month. I have the right to stop payment of a charge by notifying my financial institution no later than five days before the bill is due. I may elect to discontinue my enrollment in this plan at any time.

I understand that if my ACH payment is returned, I will be responsible for the Borough's returned check fee as per the current fee schedule, in addition to any charges my bank and/or the Federal Reserve should charge. I further understand that if two of my ACH payments are returned, I will no longer have the option to pay my monthly utility bill utilizing this payment option.

I understand that any balance on my account on or before the date of this application must be paid in full by means other than ACH payment.

Signature:_____ Date:_____

Return this signed form to:

Jim Thorpe Borough
115 East Tenth Street
Jim Thorpe, Pa. 18229

If you should have any questions, please call 570-325-3025