



Office of the Water & Sewer Department
TOWN OF SENECA FALLS

130 OVID STREET
SENECA FALLS, NY 13148

315-568-6211
www.senecafalls.com

Automatic Cash Transfer ACH Application Form*

Note: *This is an optional, free program of reoccurring payments through your bank account. Your water/sewer bill will reflect "Auto-pay" upon being added to this program.

Name: _____

Service Address: _____

Phone Number: _____ Account Number (if known): _____

Billing Address: _____

PAYMENT INFORMATION

Name on Checking Account: _____

Financial Institution: _____

I wish to have my payments withdrawn automatically from the following account (check ONE):

Checking Account (Enclose a voided check) **Savings Account**

Bank Routing Number: _____

Bank 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 TOWN OF SENECA FALLS utility bill. I agree that this includes all outstanding balances as well as current invoices. The full balance due will always be deducted on each due date. I authorize each 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 the TOWN OF SENECA FALLS DEPARTMENT OF WATER & SEWER 15 (fifteen) days prior to the due date of my bill. In addition, I understand that both the financial institution and/or the TOWN OF SENECA FALLS reserve the right to terminate this payment plan at any time. Also, I may elect to discontinue my enrollment in this plan at any time.

Signature: _____ Date: _____

PAPERLESS (E-BILL) SIGN-UPS (only NEW E-bill customers need apply)

I wish to only receive invoices electronically, via E-bill.

E-mail address: _____

Please print clearly

Return this signed form to: Seneca Falls Department of Water & Sewer
130 Ovid Street
Seneca Falls, NY 13148