THE BOROUGH OF RIDGWAY

108 Main Street, P.O. Box 149
Ridgway, PA 15853
814-776-1125

SIMPLE PAY AUTHORIZATION FORM

(Please Return to Ridgway Borough)

CUSTOMER NAME: _____
(as it appears on your bill)

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: ( ) _____

ACCOUNT NUMBER: _____
(as it appears on your bill)

NAME OF FINANCIAL INSTITUTION _____

BANK ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

NAME: _____
(of bank account holder)

SIGNATURE: _____
(of bank account holder)

DATE: _____

AUTHORIZATION AGREEEMENT FOR PRE-AUTHORIZED PAYMENTS

I authorize THE BOROUGH OF RIDGWAY to WITHDRAW from my ACCOUNT payment of my RIDGWAY BOROUGH MONTHLY WATER/SEWER/REFUSE BILL. I understand that BOTH the FINANCIAL INSTITUTION and RIDGWAY BOROUGH reserve the right to TERMINATE this payment plan and/or my participation therein. I also understand that at any time I may elect to discontinue my enrollment in this plan by providing notice to THE BOROUGH OF RIDGWAY.

You must submit a voided check showing your bank account number