



**LAWRENCEVILLE
BOROUGH AUTHORITY**

6 Mechanic Street, PO Box 115, Lawrenceville, PA 16929

Phone: 570-827-3259
Fax: 570-827-2655

CONSUMER DEBIT AUTHORIZATION

Direct Payment Enrollment for Recurring Bill Payment

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

Please deduct my payment from my account:

FINANCIAL INSTITUTION: _____

ROUTING #: _____

ACCOUNT NUMBER: _____

Checking Account (enclose a voided check with this form)

Savings Account

I authorize the Lawrenceville Borough Authority to deduct my water/sewer payment from the account listed above, beginning with the first billing period following receipt of this form. I understand that payment will be electronically deducted from the designated account on the 10th of the month, or, if the 10th falls on a weekend or holiday, on the next business day.

I understand that if I decide to discontinue this payment plan I will notify the Lawrenceville Borough Authority in writing at the following address:

Lawrenceville Borough Authority
PO Box 115
Lawrenceville, PA 16929

SIGNATURE: _____ DATE: _____