

REYNOLDSVILLE WATER & SEWAGE AUTHORITIES  
PO BOX 207  
400 N FIFTH ST  
REYNOLDSVILLE, PA 15851  
[814] 653-8245 Phone [814] 653-8188 Fax  
ELECTRONIC BANK DRAFT AUTHORIZATION

We must have a voided check to process this authorization and you must verify, with your bank, your banks routing number for bank drafts, (some of the bigger banks have different routing numbers for automatic drafts, separate than your checking one).

NAME: \_\_\_\_\_

RWSA ACCT #

PHONE:

MAILING ADDRESS :

CITY/STATE:ZIP: \_\_\_\_\_

PHYSICAL ADDRESS (here in Arkansas):  
\_\_\_\_\_  
\_\_\_\_\_

BANK NAME:  
\_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

CITY/STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

BANK INFORMATION: ROUTING NUMBER:  
\_\_\_\_\_

CHECKNG ACCT#: \_\_\_\_\_ (OR) SAVINGS ACCT # \_\_\_\_\_

I, hereby, authorize Lakeview Nfidway Public Water Authority to draw drafts on my (check one):

Checking\_ or savings account for payment of my monthly water bills.

I will give the authority fifteen days written notice before terminating this service.

SIGNATURE:DATE:

\_\_\_\_\_

SIGNATURE:DATE:

\_\_\_\_\_

Do you want to receive a copy of the bill that will be paid by this draft?

CHECK ONE: YES \_\_\_\_\_ (OR) NO

\_\_\_\_\_

If you choose "YES", a regular bill will come to you and in the lower left corner it will be marked "PAID BY DRAFT". If you accidently pay this bill, your account will be credited. You have been notified.

AUTHORIZATION FOR ACH

Name(s) \_\_\_\_\_ RWSA Account# \_\_\_\_\_

I/We hereby authorize Reynoldsville Water & Sewage Authorities hereinafter called "Company", to initiate credit and/or debit entries to my Checking and/or Savings account indicated below and the depository named below, hereinafter called "Depository", to credit and/or debit the same to such account. All ACH transactions originated will comply with the laws of the United States.

Notes: Amount Due is what will be drafted. Please check your balance at [www.reynoldsville.viewmybill.net](http://www.reynoldsville.viewmybill.net) Draft date will be on or about the 10<sup>th</sup> of the month, subject to change.

Account Information

Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing and Transit/ABA # \_\_\_\_\_

Account # \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ or Savings \_\_\_\_\_

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

(PLEASE PRINT)

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_

PLEASE ATTACH VOIDED CHECK TO THIS FORM