

Please enroll me for the
AUTOMATIC PAYMENT
of my Township-provided services

I hereby authorize West Bradford Township to process automatic payment for the full amount due for my refuse, sanitary sewer and hydrant service fees (as applicable). Said payment will be withdrawn from my account on a date to be determined by the Township and this date will be noted on each billing. There will be a \$25 return fee if the money is not available in my account when the payment is processed and payment will have to be made manually. This fee will be added to my account.

I understand withdrawals shall continue until same is revoked, in writing, by either the Township or by me.

By signing below and by **attaching a copy of a voided check** I hereby agree to all terms and conditions set forth herein.

Name on Township Account: _____

Township Account Number: _____

Property Address: _____

Telephone Number: _____

Signature: _____

Printed Name: _____

Checking Account Number _____



ATTACH COPY OF VOIDED CHECK HERE

Automatic payment can be established only with a copy of a voided check.

Please mail this form and the voided check to:

West Bradford Township
Attention: Billing
1385 Campus Drive
Downingtown, PA 19335