

AUTOPAY

Automatic Bill Paying Service

In response to requests from our customers, Derry Township Municipal Authority has arranged a way for you to pay your sewer bill. AUTOPAY is an electronic system that quickly and automatically pays your bills for you. Once you sign up for AUTOPAY, you'll never have to write checks for sewer bills again – no matter who you bank with.

Once you sign up for AUTOPAY, each bill will be automatically deducted from your checking or savings account. And with AUTOPAY, you'll never be hassled with remembering to pay bills. Even if you forget or are away on vacation, AUTOPAY will remember for you.

AUTOPAY has no sign-up fees, no charge per transaction, and you'll save money on postage.

With AUTOPAY, you're always in control. Any problem, and you can cancel at any time. What's more, you'll be sent a billing notification (just like a regular bill) in advance of when the money will be withdrawn from your bank account. That way you know exactly how much will be deducted from your account, and when. If there are any rate increases, you will be notified ahead of time.

It's easy to sign up for AUTOPAY. Just complete the information on this form and send it, along with a voided check for the account you wish to charge, to:

Derry Township Municipal Authority
670 Clearwater Road
Hershey, PA 17033-2453

This form may also be enclosed in the return envelope which is used for payment of your sewer bill. Please pay your bills as usual until you are notified that AUTOPAY has taken effect.

AUTOPAY AUTHORIZATION FORM

Name _____ Customer No. _____

Service Address (If different from mailing address) _____

Mailing Address _____

City _____ State _____ Zip +4 _____

Telephone (Home) _____ (Work) _____

(Mobile) _____

Financial Institution _____

Bank Account No. _____ Type of Account Checking (Attach a voided check)

Bank Routing No. _____ Savings (Attach a deposit slip)

I authorize my bank / savings institution to make payments to Derry Township Municipal Authority from the account listed above. I understand this authorization may be revoked by me at any time by filling out a written cancellation form to discontinue my automatic payments.

Signature _____ Date _____

