



Dear Resident:

If you would like to avoid writing checks and paying postage to pay your bimonthly sewer or trash bill, you can take advantage of direct bill pay from your checking or savings account. Payment will be deducted from your account on the 25th of the month in which the bill is due (six times per year). Sewer/Trash fees may be adjusted annually. **If you wish to stop direct debit for any reason, it is your responsibility to inform the Township.**

**COMPLETION INSTRUCTIONS  
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS**

An authorization agreement must be completed for every customer utilizing Direct Debit from either a checking or savings account. Please return the completed form to Caln Township, Finance Department, 253 Municipal Dr., Thorndale, PA 19372.

This authorization agreement allows Caln Township to initiate debits to the customer’s account and allows the receiving institution to accept the debit entries withdrawing funds from the proper account.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS**

I hereby authorize Caln Township, to initiate debit entries to my **Checking  or Savings**  account indicated below and the depository named below, hereinafter called Depository, to debit the same such account. The debit entries to said account should be at the current rate for **Sewer and Trash OR Trash Only** services as applicable to my residence. (Current rates are available at CalnTownship.org)

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Bank Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

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

Name \_\_\_\_\_ Sewer/Trash Acct Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

*Go Green! We are now offering Paperless eBilling. If you would like to receive your bills and account statements via email, instead of postal mail, please complete the information below:*

**Sign me up for eBilling** Email Address \_\_\_\_\_