

**BRADYS RUN SANITARY AUTHORITY**  
**MONTHLY ELECTRONIC PAYMENT AUTHORIZATION – Please attach a voided check!!**

I authorize Bradys Run Sanitary Authority to instruct my financial institution to deduct my sewer bill payment (**MONTHLY OR QUARTERLY – please circle one**) from the account listed below. If I decide to discontinue service or change the bank account being debited, I will notify Bradys Run Sanitary Authority, *in writing*, at least 30 days in advance.

Customer Name (as it appears on the sewer bill): \_\_\_\_\_

Service Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sewer Account Number (from bill): \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION:**     **New Request**     **Bank Info Change**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account:  Checking    or     Savings

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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