

**RICHLAND TOWNSHIP  
SANITARY SEWERAGE TREATMENT  
AUTOMATED BILL PAYMENT ENROLLMENT**

I/We authorize Richland Township to instruct my financial institution to deduct my sewer bill payment from the account listed below. The Township will debit your account on the bill's due date. I understand that I/We will receive a copy of this completed authorization, and that the Township will retain a copy for two years after revocation. I understand that if I decide to discontinue this service or to change the account debited, I will notify Richland Township in writing at least 30 days in advance when requesting a change. I understand that I am responsible for any fees my bank charges to provide this service.

**A VOIDED CHECK MUST BE PROVIDED**

**FOR NEW ENROLLMENTS - PLEASE ALLOW 30 DAYS TO BECOME EFFECTIVE**

**CUSTOMER INFORMATION:**

Name (as it appears on your sewer bill) \_\_\_\_\_

Service Address \_\_\_\_\_

Sewer bill account number \_\_\_\_\_ Phone No. \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION:**

New Request  Bank Change

Name of Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Account Number \_\_\_\_\_  Checking  Savings

Bank Transit Number \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return form with voided check to:**

Richland Township  
4019 Dickey Road  
Gibsonia, PA 15044

Phone: 724/443-5921

Email: [sowens@richland.pa.us](mailto:sowens@richland.pa.us)