



Dear Association Member:

You have requested the information needed to sign up for our Direct Payment Program.

The attached Direct Payment Form must be filled out and returned to RS&W.

You must send a voided check, if you wish to have the payment automatically with drawn from your checking account.

If you wish to have the withdrawal made from your savings account, you must send us a deposit ticket for that account.

From either of these we will be able to find the routing number of your bank to set up the program for you.

In addition, you must indicate whether you DO or DO NOT Authorize Roamingwood Sewer & Water to automatically include ANY additional charges on your account in the Quarterly ACH withdrawal.

Please mail the completed form to:

Roamingwood Sewer & Water association
P.O. Box 6
Lake Ariel, Pa 18436

If you have any question, please contact us at (570) 698-6162, Mon-Fri 8:30 AM – 4:30 PM.

Sincerely,

Roamingwood Sewer & Water

Roamingwood Sewer & Water Association
Agent of SWCW&SA

**ACH DEBIT Authorization for Electronic Transactions for
ROAMINGWOOD SEWER AND WATER ASSOCIATION
P.O. BOX 6
LAKE ARIEL, PA 18436**

Customer Account No.: _____

Customer Name: _____ Telephone No: _____

Customer Address: _____

City, State, & Zip: _____

Current financial institution where your account is maintained:

Name of financial institution

Address of financial institution

Bank Routing No: _____ (Between these symbols 1: 1: on the bottom left of your check)

Bank Account No: _____

Type of Bank Account: _____ Checking or _____ Savings

Single Account Ownership: _____

Joint Account Ownership: _____

(Please list all individuals whom have ownership for the account)

A **VOIDED** check or a savings deposit slip drawn on the account to be debited is to be attached to this Authorization upon sign up.

I **Authorize** Roamingwood S&W to debit any additional charges such as: Water Turn Off / On, Service Calls or Repairs that may be on my account.

I **DO NOT** authorize any additional charges to be debited from my account without my consent. I understand it will be my responsibility to notify RS&W should I wish to include additional fees in my ACH withdrawal.

I (we) hereby authorize Roamingwood Sewer and Water Association, hereinafter called ASSOCIATION, and its originating depository financial institution (ODFI), to initiate DEBIT entries to my (our) checking / savings accounts maintained at the financial institution listed above, hereinafter called DEPOSITORY, and, if necessary, initiate adjustments for any transactions credited / debited in error. This authority is to remain in full force and effect until the ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner to afford the ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.

DATE: _____
AUTHORIZED SIGNATURE: _____
PRINT NAME: _____

DATE: _____
AUTHORIZED SIGNATURE: _____
PRINT NAME: _____

Note: *In the case of revoked authorization, all written authorizations must be revoked only by notifying the COMPANY in writing no later than 15 days before the next transaction effective date.*