

## CRESWELL HEIGHTS JOINT AUTHORITY

### AUTOMATIC BILL PAYMENT OPTION – GENERAL INFORMATION

Payments for your CHJA bill may be automatically drawn from your checking account. Procedures for this payment option are as follows:

**You will receive bill notification by the first payment of the month. The bill will be printed with the statement “DRAFT DO NOT SEND PAYMENT” on the lower portion.** You should review the bill immediately and notify CHJA before the 10<sup>th</sup> of the month if a discrepancy is noted or you have any questions regarding the bill.

On the 20<sup>th</sup> of the month the bill amount will be automatically drawn from the bank account you have specified. If the 20<sup>th</sup> is a Saturday, Sunday or Holiday, the withdrawal will be made on the next business day. The statement you receive from your financial institution will indicate the date and amount withdrawn from your bank account.

If your bank account number changes, CHJA must be notified immediately. A revised enrollment form will be required.

If you wish to terminate the automatic bill payment option you must notify CHJA in writing, sixty days in advance. Future reinstatement will be subject to a required implementation process.

If the transaction is refused by your financial institution for ANY reason; for example insufficient funds, closed or unauthorized account, you will be immediately terminated from the program and may not be reinstated for a period of not less than two years. Also, a fee of \$25.00 will be charged to your CHJA account.

If you relocate or your CHJA account is closed, your final bill can not be processed automatically, you must make a payment by mail or in person.

Please continue to mail your payments **until a bill is received printed with the statement “DRAFT DO NOT SEND PAYMENT” on the lower portion.**

If you have any questions, please contact Creswell Heights Joint Authority at (724) 375-1303 between the hours of 8:30 A.M. to 4:30 P.M.

TO AUTHORIZE THE AUTOMATIC BILL PAYMENT OPTION, PLEASE COMPLETE  
THE ENROLLMENT FORM.

**COMPLETE FORM AND RETURN TO OFFICE  
INCLUDE DRIVER'S LICENSE COPY FOR VERIFICATION OF IDENTITY**

**CRESWELL HEIGHTS JOINT AUTHORITY  
AUTOMATIC BILL PAYMENT OPTION ENROLLMENT FORM**

To initiate the automatic bill payment option, please complete the enrollment below and return to CHJA office located at 3961 Jordan Street PO Box 301, South Heights, PA 15081.

I/We hereby authorize Creswell Heights Joint Authority to automatically debit my/our checking account (one account only) for the amount of my CHJA bill. This authorization will remain in full force and effect until notified by me in writing. My/Our participation in this program is subject to CHJA's approval. I understand that CHJA reserves the right, upon written notification, to terminate my participation or terminate the program at any time.

Service Location \_\_\_\_\_

Billed to Name \_\_\_\_\_

Bill to Address \_\_\_\_\_

Phone No. \_\_\_\_\_

\_\_\_\_\_  
Print – Name on the Account

\_\_\_\_\_  
Print Joint Name on Account

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Joint Account Holder Signature

Financial Institution Name \_\_\_\_\_

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

(Please enclose a voided check)

Is the specified account    \_\_\_\_\_ Residential    \_\_\_\_\_ Business

   \_\_\_\_\_ Checking    \_\_\_\_\_ Savings

ABA Routing # \_\_\_\_\_

(Please verify with your bank)

**Note:** After receipt of your enrollment form, there will be some processing time required to implement the withdrawal process, when you receive your first bill with the words "**DRAFT DO NOT SEND PAYMENT**" you can assume that the bill amount will be withdrawn from your bank account. This is temporary service being provided and may be discontinued if a minimal response is received.

**FOR OFFICE USE ONLY**

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CHJA Account # \_\_\_\_\_ File# \_\_\_\_\_