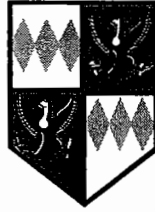


**West Manchester  
Township**  
(717) 792-3505



**380 East Berlin Road  
York, Pa. 17408**  
fax: (717) 792-4374

Website: [www.westmanchestertownship.com](http://www.westmanchestertownship.com)

E-mail: [info@westmanchestertownship.com](mailto:info@westmanchestertownship.com)

## **APPLICATION FOR DIRECT DEBIT PAYMENT AUTHORIZATION**

I hereby authorize West Manchester Township to instruct my financial institution to make my sewer and trash payments from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the West Manchester Township office at the above address.

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Sewer and Trash Account Number (as it appears on your bill) \_\_\_\_\_

Name and Address of Financial Institution \_\_\_\_\_  
\_\_\_\_\_

Type of Account:  Checking  
 Savings (no passbook accounts)

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

**Please Enclose a VOIDED Check from this Account**

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

Complete this form and return it to the above address