BOROUGH OF WELLSBORO

CONSUMER DEBIT AUTHORIZATION

Direct Payment Enrollment for Recurring Bill Payment

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

Please deduct my direct payment from my account:

FINANCIAL INSTITUTION: _____

TRANSIT/ABA#: _____

ACCOUNT NUMBER: _____

☐ Checking Account

☐ Savings Account

I authorize the Borough of Wellsboro to deduct my (utility) payment from the account listed above. I understand that if I decide to discontinue this payment method, I will notify in writing to the Borough of Wellsboro 14 Crafton Street Wellsboro PA 16901.

SIGNATURE: _____ DATE: _____

ENCLOSE A VOIDED CHECK WITH THIS FORM