



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**