

**TOWN OF BETHLEHEM
AUTOMATIC WATER/SEWER BILL PAYMENT
AUTHORIZATION FORM**

I authorize the Town of Bethlehem Water/Sewer District to establish an Automatic Bill Payment to pay my water/sewer bill. I also authorize the financial institution named below to charge my checking or savings account to pay the water/sewer bill. *This information is confidential and will be used for Town of Bethlehem Water/Sewer District Automatic Bill Payment purposes only.*

Mailing Address: _____

Property Location Address (if different from the mailing address): _____

Phone Number: _____

Bank Name: _____ Bank Account Number: _____

Account Holder Name: _____ Routing Number (ABA): _____

Account Type (check one): Checking (attach voided check) Savings (attach deposit slip)

This authorization will remain in effect until written notification is provided to the Town of Bethlehem Water/Sewer District to modify or cancel the authorization. Such requests must be received 30 days in advance of the change date requested. Any billings processed prior to receipt of the request will be drawn in accordance with the existing authorization.

Signature: _____ Date: _____

Please mail this form to: Town of Bethlehem, Water/Sewer Division, 445 Delaware Avenue, Delmar, NY 12054

DON'T FORGET TO ATTACH OR ENCLOSE A VOIDED CHECK FOR THE CHECKING ACCOUNT, OR A DEPOSIT SLIP FOR THE SAVINGS ACCOUNT SPECIFIED ABOVE.