



WYALUSING MUNICIPAL AUTHORITY

50 Senate Street
PO Box 61
wma@wyalusingborough.com
Wyalusing, PA 18853
www.wyalusingborough.com

(P): 570-721-6050
(F): 570-746-3576
(E) :
(W e b) :

AUTHORIZATION FOR AUTHOMATIC WITHDRAWAL

Account Name: _____

Service Address: _____

Account Number: _____

I hereby authorize Wyalusing Municipal Authority to automatically withdraw the monthly sewer and / or water service charge for the account listed above at the service address listed above from the referenced financial institution listed below on the 5th of the month.

Bank Institution Name: _____

Bank Routing Number: _____

Bank Account Number: _____

This authorization will remain effective until I give written cancellation notice.

Signature: _____

Date: _____

WMA Entered: _____