



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

I hereby authorize GLENDALE VALLEY MUNICIPAL AUTHORITY to initiate debits for water and sewer billing and related services from the option selected below. If an error occurs in the transaction amount, I hereby authorize GLENDALE VALLEY MUNICIPAL AUTHORITY to initiate a correcting transaction to/from the account selected below. Payments for both options will be withdrawn on the 15th of each month.

GVMA Account Number: _____

Customer Name: _____ **Phone:** _____

E-mail: _____

☐ Receive Email Statements ☐ Receive Emergency Notifications

Service Address: _____

Customer Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Please select an option on how you want your monthly payments to be made

☐ **I would like to have my monthly payments withdrawn by my Debit/Credit Card along with the Processing Fees.** (Complete the section below)

CREDIT CARD INFORMATION:

Card Holder's Name: _____

Card Type: (circle one)

Visa MasterCard Discover Other: _____

Card Number: _____

Expiration Date: (MM/YY) _____ **Security Number:** _____

☐ **I would like to have my monthly payments withdrawn by ACH from my Checking/Savings Account and receive the 2% Discount.** (Complete the section below)

BANK ACCOUNT INFORMATION:

Account Type: (Circle one) Checking Savings

Bank Name: _____

Routing / ABA Number: _____

Account Number: _____

Date: _____

Signature(s): _____ / _____

Please return completed form to: Glendale Valley Municipal Authority, Attn: Jennifer Domanick, PO Box 90, Flinton, PA 16640 or email to jdomanick@gvma.pa.us