



**MONTGOMERY COUNTY  
PUBLIC SERVICE AUTHORITY**  
Government Center  
Suite 21  
755 Roanoke Street  
Christiansburg, VA 24073-3185

## **BANK DRAFT AUTHORIZATION FORM FOR UTILITY PAYMENTS**

**Full Name (as it appears on your bank account)** \_\_\_\_\_

**Billing Address for water bills:** Street \_\_\_\_\_

**City or Town** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Service Location(s) (where service(s) is/are being provided):** **Street** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Account Number(s) (PSA Utility Bill)** \_\_\_\_\_

**Email Address:**

I hereby authorize Montgomery County Public Service Authority to initiate electronic debit entries to my:

**Checking Account** or **Savings Account**

For payment of my utility bill for water and/or sewer services.

**Name of Financial Institution**

**Address of Financial Institution** \_\_\_\_\_

**Bank Account number** \_\_\_\_\_

**Bank Routing or transit number** \_\_\_\_\_

ATTACH VOIDED CHECK HERE **OR** have the above information verified by your financial institution and have them sign in the graved area below

FINANCIAL INSTITUTION NAME

Hereby verifies that the above information regarding customer name, financial institution, routing number, and account number are correct.

Signature of Financial Institution Representative Date

I hereby authorize Montgomery County Public Service Authority to initiate electronic debit entries to my bank account on an ongoing basis for water/sewer service at all service location(s) until revoked by me. I understand that should the bank reject this ACH transaction for non sufficient funds, this authorization shall become null and void and I will be responsible for making appropriate changes and paying my bill by other means.

Furthermore, I understand that there will be a \$50 fee for all rejected transactions.

I understand that the bills are due and payable by the due date listed on the bill and that the Public Service Authority will withdraw the funds from my account on the due date each month. Should your account not be charged please contact the utility billing department at (540) 382-6930 as soon as possible to ensure timely payment.

Customer and bank account owner signature Date

Date \_\_\_\_\_

For Office Use Only: \_\_\_\_\_ Delinquent: \_\_\_\_\_  
ACH set up processed by PSA on \_\_\_\_\_ By \_\_\_\_\_

**ATTENTION CUSTOMERS: THIS FORM MUST BE RETURNED TO 755 ROANOKE STREET SUITE 2C CHRISTIANSBURG, VA 24073.  
DO NOT RETURN WITH MONTHLY PAYMENT STUB.**