



**MONTGOMERY COUNTY
PUBLIC SERVICE AUTHORITY**
Government Center
Suite 2I
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 grayed area below

FINANCIAL INSTITUTION NAME _____

Hereby verifies that the above information regarding customer name, financial instituion,
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 _____

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.**