

OAKMONT WATER AUTHORITY AUTOMATIC BILL PAYMENT
DEBIT ACCOUNT PROGRAM TERMS AND CONDITIONS

By agreeing to preauthorized transfers, you agree with the Oakmont Water Authority as follows:

Oakmont Water Authority will mail you a statement of your account not less than twelve (12) days prior to the date your financial institution account will be debited. You agree to review each statement you receive for any errors. Under federal law, you have the right to stop an electronic transfer provided you give your financial institution notice in a timely manner.

If any changes occur in the information you provided on your application, you must immediately notify the Oakmont Water Authority in writing of such changes. Send notification to: Oakmont Water Authority, P.O. Box 73, Oakmont, PA 15139. If you do not notify Oakmont Water Authority in writing of such changes, or do so in an untimely manner, Oakmont Water Authority shall bear no liability or responsibility for any losses incurred. Oakmont Water Authority's sole liability to you shall be Oakmont Water Authority's obligation to make any appropriate changes once in receipt of your written notification.

Either party may terminate this agreement at any time by giving the other party written notice reasonably in advance of the date of termination or date your financial institution account will be debited. Termination shall not prevent a debit transaction authorized before any notice of termination.

You agree to be bound by any rules your financial institution requires for preauthorized electronic funds transfers. *Please retain this copy for your files.* Check with your financial institution to see if there are transaction fees associated with automatic bill payment.

3/1/2016

**OAKMONT WATER AUTHORITY
AUTOMATIC BILL PAYMENT APPLICATION**

Yes, sign me up for Oakmont Water Authority's Bill Payment – Debit Account Program.

To enroll in Oakmont Water Authority's Automatic Bill Payment, please complete the application below, sign it and return it. (PLEASE PRINT)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Daytime Phone (_____) _____

Oakmont Water Account Number _____

I hereby agree that I have read fully, understand and agree to the foregoing terms and conditions and I authorize the depository indicated to debit the account listed below. This authorization shall remain in full force and effect until Oakmont Water Authority or the depository has received in writing a notice from me of termination within such time and manner as to afford Oakmont Water Authority or depository opportunity to act on it.

Signature Name _____ Date _____

(Your application cannot be processed without your signature.)

**Please include a blank, voided check or withdrawal slip from your designated account for verification.
Please allow 4-6 weeks for processing your application.**

Financial Institution Name _____

Address _____

City _____ State _____ Zip _____

Name(s) on Account _____

Bank Routing Number _____

(Found on the left-hand corner of check)

Account Number _____

(Found to the right-of the routing number)