



Greater New Haven WPCA

260 East Street New Haven, CT. 06511 Phone 203-776-3570 Fax 203-776-2196 customerservice@gnhwpc.com

Auto-Pay Enrollment ACH Application Form

GNHWPCA Customer Account # (15 Digits): _____

Service Address: _____

Contact Name / Phone: _____

Billing Address: _____

City, State, Zip: _____

Name on Checking/Savings Account: _____

Financial Institution: _____

I wish to have my payments withdrawn automatically from the following account:

Checking Account (Enclose a voided check)

Savings Account (Obtain the following from the bank)

Customer's Bank Account Number: _____

Bank Routing & Transit Number: _____

Authorization Agreement for Auto-Pay Cash Transfer

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my Greater New Haven WPCA invoice on the due date stated on my bill. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. If no funds are available to be withdrawn from my account, I agree to pay a \$25.00 service fee plus my account balance to the Greater New Haven WPCA immediately. I also grant the right to reverse any transaction as needed. If I change the account or financial institution specified, I will provide written authorization for the new financial institution to the Greater New Haven WPCA. I have the right to stop payment of a charge by notifying the Greater New Haven WPCA within 15 (fifteen) days of the due date of my bill. I may elect to discontinue my enrollment in this plan at any time.

Signature: _____ Date: _____

Return this signed form to: Greater New Haven WPCA – Attn: Customer Service
260 East Street
New Haven, CT 06511

You may also return it by fax or email: Fax: 203-776-2196, Email: customerservice@gnhwpc.com
If you should have any questions, please call 203-776-3570 to speak with a customer service representative.