

**Direct Debit Payment
Authorization Form**

I (we) hereby authorize McCandless Township Sanitary Authority (MTSA) and the financial institution named below to initiate entries for my sewage bill, and if necessary, any adjustments needed to correct entries made in error to my/our checking/savings account.

Name of Financial Institution		Branch			
City	State	Zip Code			
Account Number		Checking		Savings	
Routing/Transit Number:					
Name(s)					
Signed			Date		
Signed			Date		
MTSA Account Number:					
MTSA Account Name:					
Service Address:					
Contact Telephone Number:					

Please mail completed application and voided check to:
McCandless Township Sanitary Authority
418 Arcadia Drive
Pittsburgh, PA 15237