

Newtown, Bucks County, Joint Municipal Authority
15 S. Congress Street ~ P.O. Box 329
Newtown, PA 18940

215-968-4109

Dear Customer:

Thank you for your interest in our Automatic Debit Payment Program.

Enclosed is a Visa/MasterCard Authorization Form that must be completed and returned to our office before any sewer payments will automatically be made to your account. All items on the authorization form are required to be filled in and will be used for the Authority's billing purpose only. **Please return the white copy and retain the yellow for your records.**

The payments will be debited on the 20th of the month, or the first business day thereafter. If for any reason your credit card is denied we will contact you by telephone, at which time it will be your responsibility to arrange for alternate payment arrangements, prior to the due date. If you fail to contact us before the due date on your bill, we will not remove any penalty or interest charges incurred because the credit card was denied.

Please advise us if you move or cancel your credit card.

If you have any further questions regarding this program please call our office.

Newtown Sewer Authority

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VISA & MASTERCARD AUTOMATIC BILLING AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic billing to your credit card, simply fill out all the information below: Upon approval we will then automatically bill your credit card for the amount of your current quarterly bill. **THE CHARGE WILL BE MADE TO YOUR CREDIT CARD ON THE 20TH**

OF THE MONTH, or the next regular business day thereafter, and will appear on your credit card statement. By agreeing to the terms of this contract, acknowledged by your signature, you hereby give us permission to debit your credit card until such time you notify us in writing within 30 days that you wish to discontinue this service.

YOU MUST NOTIFY US IMMEDIATELY IF YOU CANCEL YOUR CREDIT CARD.

CUSTOMER NAME _____

SEWER ACCOUNT NUMBER _____

HOME PHONE _____ WORK PHONE: _____

VISA or MASTERCARD ACCOUNT INFORMATION

Name on Card ó exactly as printed _____

Billing address for Card _____

City, State & Zip _____

Card Number _____ Expiration Date _____

Signature _____ Today's Date _____

Due to the fact that your payment amount can vary quarterly, you will be notified by means of your regular quarterly bill as to what the amount of the charge will be prior to each scheduled transaction date. If for any reason your credit card is denied, we will contact you by telephone advising you that alternate payment arrangements must be made.