

West Donegal Township Automatic Draft Sign Up Form

Date _____

By using Auto Debit, offered through West Donegal Township, your Quarterly Trash Payment will be debited automatically from an account you designate on the 15th day of each month due (January, April, July, October). **To enroll please write "VOID" across a check from the checking account you designate and attach the voided check to a completed copy of this form.** Information contained on the check is used by West Donegal Township, our financial institution Fulton Bank and your financial institution to complete the enrollment process. Automatic Draft will not be used for one-time payments or when paying your account in full during the discount period.

Customer Information

West Donegal Township Trash Account Number _____

Name _____

Property Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone # (Day) _____ (Night) _____ (Cell) _____

Financial Institution Information

Name on Account: _____

Joint Name on Account: _____

Financial Institution Information (Check One): Bank _____ Savings & Loan _____ Credit Union _____

Financial Institution Name: _____

Check One: Checking Account _____ Savings Account _____

Routing Number (9 digits) _____ Account Number _____
(Found on the lower left hand corner of check)

Day of Withdrawal

15th day of each Month due (January, April, July, October) _____ **(please initial)**

I (we) hereby authorize and request West Donegal Township as noted above to initiate electronic funds transfers or effect a charge by any other commercially accepted practice from my (our) checking account (or savings account) indicated above at the financial institution listed above. I (we) authorize and request said financial institution to honor the electronic funds transfers initiated by West Donegal Township and to debit such account. This authorization is for electronic funds transfers in an amount equal to the regularly scheduled quarterly payment under the contract. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I also acknowledge that I will be responsible for any and all fees associated with the return of non-sufficient funds in accordance with the Township's schedule of fees being not less than \$35.00 plus the cost of postage for notification.

This authority is to remain in effect until West Donegal Township has received written notification from me (or either of us) of its termination. Such written notice of termination shall become effective for the next regularly scheduled electronic funds transfer, which, is at least (7) business days after the date of receipt of such notice. West Donegal Township reserves the right to terminate this agreement at any time with written notice to the customer.

Note: All deposit account holders must sign this form to establish Auto Debit for the above referenced account.

Customer's Signature _____ **Date** _____

Joint Signature _____ **Date** _____

Auto Debit Disclosures

(Customer Copy)

Your Initial Resolution Notice: In case of errors, questions about your electronic transfer or if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt call West Donegal Township at 717-367-7178 or write us at the address below as soon as you can. We must hear from you no later than 60 days after the date of transfer or when the error appeared.

West Donegal Township
1 Municipal Drive
Elizabethtown, PA 17022

- 1) Tell us your name and account number
- 2) Describe the error or transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- 3) Tell us the dollar amount and date of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will notify you in writing. We will notify you of the results of any investigation in writing by certified mail.

Confidentiality: We will only disclose information to third parties about your bank account or the transfers you make: 1) where it is necessary for completing transfers; 2) in order to verify the existence and condition of your account for a third party; 3) if you give us your written permission.

West Donegal Township's Responsibility: If we do not complete a transfer from your account on time or in the correct amount according to our agreement with you, we will be responsible for correcting any errors as it pertains to your trash account with the West Donegal Township. However, there are some exceptions. We will not be liable if, through no fault of ours, you do not have enough money in your account to make the transfer; if circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken; or there may be other exceptions stated in our agreement with you.

Pre-authorized Payments: If you have told us in advance to make regular payments out of your account, you can stop any of these payments. Call us at 717-367-7178 or write to us at West Donegal Township, 1 Municipal Drive, Elizabethtown PA 17022 in time for us to receive your request 7 business days or more before the payment is scheduled to be made. If you call, we will require you to put your request in writing and get it to us within 7 days after you call.

Non-Sufficient Funds: If there are non-sufficient funds when the withdrawal is scheduled, West Donegal Township will assess a fee to your account. This fee is in compliance with the schedule of fees adopted by the Board of Supervisors each year. All fees associated with collection of non-sufficient payments will be collected.