

# West Donegal Township Automatic Draft Withdrawal Sign Up Form

Date \_\_\_\_\_

West Donegal Township offers an Auto Debit option to make your quarterly trash payments easier and more convenient. When enrolled, your payment will be automatically withdrawn from the bank account you designated on the **15<sup>th</sup> day of month** in which payment is due: **January, April, July, October**. To enroll, write "VOID" across a check from your designated checking account. Attach the voided check to a completed copy of this form. Submit both to West Donegal Township. The banking information on your voided check will be used by West Donegal Township, Fulton Bank, and your financial institution to process your enrollment. Automatic Draft is not available for one-time payments and cannot be used if you are 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 \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

## 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 Electronic Fund Withdrawal

15<sup>th</sup> day of each Month due (January, April, July, October) \_\_\_\_\_ (please initial)

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

This authority shall remain in effect until West Donegal Township receives written notification from me (or either of us) requesting its termination. Such notice of termination must be received at least seven (7) business days prior to the next scheduled electronic fund transfer to be effective for that transaction. 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)

**Initial Resolution Notice:** If you believe there has been an error, have questions about an electronic transfer or if you think your statement or receipt is incorrect, please contact West Donegal Township as soon as possible at telephone number 717-367-7178 or by mail at the below address. We must hear from you no later than 60 days after the date of transfer or the date the error appeared.

West Donegal Township  
1 Municipal Drive  
Elizabethtown, PA 17022

When you contact us, please provide the following information:

1. Your name, account number
2. A describe of the error or transfer you are unsure about, and clearly why you believe it is an error or why you need more information.
3. The dollar amount and date of the suspected error.

If you notify us orally, we may require you send us your complaint or question in writing within ten (10) business days. We will begin investigating the issue within ten (10) business days of receiving your report. If more time is needed, we may take up to 45 days to complete the investigation, and, we will notify you in writing if the extension is required. Any confirmed errors will be corrected promptly. Once the investigation is completed, we will send you the results in writing by certified mail or email, depending on your preferred method of contact.

**Confidentiality:** We will only disclose information to third parties about your bank account or the transfers you make: 1) When it is necessary to complete a transaction; 2) To verify the existence and condition of your account for a third party; 3) When you provide us with written authorization.

**West Donegal Township's Responsibility:** West Donegal Township will correct any errors related to your trash account if we fail to complete a transfer from your account on time or in the correct amount, as billed. However, we are not liable if, through no fault of ours, your account does not have sufficient funds to make the transfer; circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions taken; or other exceptions apply as outlined in our agreement with you.

**Pre-authorized Payments:** To stop any of these transactions, notify West Donegal Township at in writing via email at [info@wdtwp.com](mailto:info@wdtwp.com) or mail at least seven (7) business days before scheduled withdrawal date. If you call, written confirmation is required.

**Non-Sufficient Funds:** If your account has insufficient funds at withdrawal, West Donegal Township will assess fees to be charged to your account. This fee is in accordance with the fee schedule adopted annually by the Board of Supervisors. All fees associated with the collection of any insufficient funds will also be collected.

Keep this page for your records.