Dear Valued Customer,

The C-T Utility Department would like to take this opportunity to invite you to sign up for our Automated Bill Payment Program (ACH). This service offers you an easy and convenient way to pay your water and sewer bill each quarter without the hassle of remembering to write a check. Your water bill is paid automatically each quarter from your bank account. To enroll in the ACH program, simply complete the application below and return it along with a VOIDED check to the C-T Utility Department.

Eliminate long mail delays. Avoid late fees. Have a carefree extended vacation.

With our ACH program, you will save time and money. No checks to write, no postage to pay, no need to forward your mail or arrange for someone to pay your bill while you are away from home.

You will continue to receive the quarterly bills for your records, which will include the amount that will be deducted from your account and will say "Do Not Remit" to remind you that you no longer need to send in a check. Your account will be charge approximately fifteen days after the bill is mailed. Your water and sewer bill will be electronically deducted directly from your bank account every quarter. If you are interested in ACH, please fill out the form at the bottom of this page, sign and date the authorization, attach a voided check and we will enroll you in the ACH program. Please allow thirty days to process your request. Mail your application to:

C-T Utility Department
220 West First Avenue
Trappe, PA 19426
ATTN: Elizabeth Veres, Billing Administrator

----------(cut here to detach application)----------

C-T Utility Department **Automated Bill Payment Application and Agreement**

Name (as shown on your water bill) _____
C-T Utility Department Account Number _____
Service Address _____
City _____ State _____ Zip _____
Mailing Address _____
City _____ State _____ Zip _____
Name (as shown on checking account) _____
Account Number _____ 9-Digit Routing Number _____
Financial Institution _____ Phone Number _____
Address _____
City _____ State _____ Zip _____

I hereby authorize C-T Utility Department and the Financial Institution above to charge the account I have specified for payment of my water bill. I understand that a fee will be charged to my account for each request returned for insufficient funds. In addition I understand that both the financial institution and the C-T Utility Department reserve the right to terminate this payment plan and/or my participation. Should I choose to withdraw from the plan, I will notify the C-T Utility Department in writing thirty days in advance. In the event that I desire to change the Financial Institution above, I understand that I will be required to complete and submit a new Application and Agreement.

Upon the termination of or withdraw from the plan, this Application and Agreement, along with the customer's voided check, shall be shredded.

Signature _____ Date Signed _____