

CONSUMER DEBIT AUTHORIZATION

Direct Payment Enrollment for Recurring Bill Payment

NAME / BUSINESS NAME:

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

CONTACT NAME: _____

Please deduct my direct payment from my account:

FINANCIAL INSTITUTION: _____

TRANSIT/ABA#: _____

ACCOUNT NUMBER: _____

Checking Account \$ _____

I authorize "Northwest Central Pennsylvania Regional Planning and Development Commission" to deduct my payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify "North Central" in writing at the following address:

North Central PA RPDC
651 Montmorenci Rd.
Ridgway, PA 15853

SIGNATURE: _____ DATE: _____

NOTE: Enclose a voided check with this form