

ZIPCHECK AUTHORIZATION

Please complete and return this form to the Pittsburgh Water and Sewer Authority (PWSA) if you want your service charges, ALCOSAN sewage treatment charges, plus any optional services you elect to purchase through PWSA to be automatically paid from your designated bank account.

Mail to: Pittsburgh Water and Sewer Authority (PWSA)
ATTN: Customer Service
1200 Penn Avenue
Pittsburgh, PA 15222

Account No.: _____ Date: ____ / ____ / ____
Customer Name *(as it appears on your bill)* _____
Service Address _____
City _____ State _____ Zip _____

I _____ *(please print)* *(account holder)* authorize PWSA to instruct my financial institution to directly deduct my PWSA service charges, ALCOSAN sewage treatment charges, plus any optional services I elect to purchase through PWSA from my designated bank account.

Financial Institution Information:

New Request Bank Information Change

Please provide a voided check or a savings deposit slip for our records. Failure to do so may delay the processing of your application.

Bank Name _____ Bank Telephone Number _____
Bank Address _____
City _____ State _____ Zip _____

Type of Account: Checking Savings

Bank Account Number _____ Bank Routing Number _____

Signature *(account holder)*: _____ Date: _____