



DERRY TOWNSHIP MUNICIPAL AUTHORITY

5760 Route 982, PO Box 250
New Derry, PA 15671

Phone: 724-694-2513 - Fax: 724-694-6156
Email: DTMA15671@comcast.net

Application for Automatic Bill Payment

NOTE: This application covers monthly sewage payments ONLY

Account Name: _____ Date: _____

Billing Address: _____

Service Address: _____

Phone Number: _____ Alt. Number: _____

Your Bank's Name: _____

Your Bank's Routing No: _____

Your Bank Account Number: _____

Sewage Account Number: _____

Deduct from: Checking or Savings (Please check one box only)

Signature: _____

Payment will be deducted from your designated account on or about the 5th (due date).

You will receive a billing postcard advising of the amount of the deduction. A

copy of a check for the account must accompany this form.

Copy of Check