# Monthly ACH (Automated Clearing House) Payment

# Program Information

**Message to Existing Monthly ACH Payers:**

Our records show that you have historically paid your monthly combined utility bill (Water, Sewer & Trash-related charges) via a monthly ACH charge.

With the upcoming transition to a separate billing for Water and Sewer utilities, **Capital Region Water (CRW)** is offering several innovative ways to pay your bills, including a Monthly ACH Payment Program (ACH Program). If you would like to continue to have your Water and Sewer billing paid via a monthly ACH debit to your bank account, you will need to authorize **CRW** to do so. If you enroll in the ACH Program, the amount due on your water and/or sewer bill will be deducted automatically from your checking or savings account on the due date, and your payments will be transferred electronically to **CRW**. An enrollment form accompanies this notice, along with some important information provided below for you to review and keep.

*Your current ACH arrangement with the City of Harrisburg will remain in effect for payment of your Trash-related bills. No action, on your part, is required for your Trash-related payments.*

**Privacy Notice:**

Under **CRW's** ACH Program, your bank account information is strictly protected and is not available to **CRW** after the initial enrollment process.

**How it Works:**

After you are enrolled in the ACH Program, you will continue to receive a detailed bill via mail or email, if you choose the e-bill option, but mailing a payment will not be necessary. When this ACH Program payment option is in effect, you will see "AutoPay" printed on your bill as a reminder that you don't need to send any payment into **CRW**.

**Note:** You must continue to mail in your payment until "AutoPay" appears on your Water and/or Sewer bill!

**How to Enroll:**

If you are interested in enrolling in **CRW’s** ACH Program, please read the plan provisions below, then complete the accompanying Monthly ACH Payment Program Enrollment Form and mail it back to:

**Capital Region Water**

 **100 Pine Drive**

**Harrisburg, PA 17103**

**CRW ACH Program Provisions**

**Record of Payment:** The amount and date of your automatic transfer will be shown on your bank statement. This is your proof of payment.

**Availability of Funds:** You are responsible for having enough money in the account you selected on the payment date. An insufficient fund charge will be added to your **CRW** account should your transfer be returned due to insufficient funds. In addition, your AutoPay Plan service will be cancelled if two payments are returned for any reason in a 12-month period.

**Final Payment:** If you are participating in this payment option when your account is to be closed, your final bill must be paid by mailing your final amount due to **CRW**.

**Payment Date:** Payment of the amount due will be transferred from your account on the due date listed on your water or sewer bill. You will receive your bill approximately 3 weeks prior to the payment date. Bills will be issued for your personal record-keeping only.

**Termination:** This authorization will remain in effect until your service has been terminated. You may also terminate this authorization via verbal or written notice to **CRW**. Cancellation will occur seven days after such notice is received.

**Account/Address Change:**  Please notify **CRW** of any bank account or address changes as soon as possible to avoid missed payments.

# Monthly ACH Payment Program

# Enrollment Form

Please read the Program Information that accompanies this form and call **CRW** at **1-888-510-0606**, if you have any questions prior to enrolling in the ACH Program.

Complete the form below and mail it back to **CRW** to:

**Capital Region Water**

**100 Pine Drive**

**Harrisburg, PA 17103**

If you prefer, you may mail this form with your next Water or Sewer bill payment; however, enrollment in the ACH Program will not go into effect until the next billing period, so payment must be included if you send this form in with your bill.

All information must be completed or this form will be returned to you. Please print clearly.

If you are using a checking account for your ACH Program deduction, please remember to include a blank check, marked “VOID”, along with this form.

If you are using a savings account for your ACH Program deduction, please contact your bank to obtain an “ABA Routing Number” and include it on this form with your account number.

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CRW** **Account #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(as it appears on your bill)***

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Depositor *(if different from customer)*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Financial Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🗆 **Checking Account** - Please sign below and enclose a blank check, marked “VOID."

***Note:*** Are you using a credit union account for your ACH Program deductions? Is so, please contact your credit union and ask for an account number in "'ACH format" for automatic debits and write it here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🗆 **Savings Account** (no passbook accounts) – Please provide account information and sign below.

**Account Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ABA Routing Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(9 digit number obtained from your financial institution)***

I hereby authorize my financial institution to charge the account I have specified in the amount of my **Capital Region Water (CRW)** Water and/or Sewer bill and send that amount to **CRW**. I agree that each charge to my account shall be the same as if had signed a check to pay my bill. This authority will remain in effect until I notify **CRW** otherwise. If I change the account or financial institution specified, I will provide verbal or written authorization of such to **CRW**. I understand that **CRW** and the financial institution reserve the right to terminate my participation in this ACH Program. I understand and agree that **CRW** is not liable for erroneous bill statements or incorrect debits to my account, except that should an error occur, **CRW** will be responsible to correct it once I notify them of the error.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**