



capitalregionwater.com  
888-510-0606

## Customer Service Monthly ACH (Automated Clearing House) Payment Program Information

### 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, complete the accompanying Monthly ACH Payment Program Enrollment Form on the back of this form, and return to:

**Capital Region Water  
Customer Service Center  
3003 North Front Street  
Harrisburg, PA 17110**

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### CRW ACH Program Information

**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 bank 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 ACH Program 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 customer billing 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 bank account on the due date listed on your bill. You will receive your bill approximately two weeks prior to the payment date. Bills are 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 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.



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Monthly ACH Payment Program Enrollment Form

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

Please complete and return to:

Capital Region Water
Customer Service Center
3003 North Front Street
Harrisburg, PA 17110

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): \_\_\_\_\_

Account Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

I hereby authorize my financial institution to charge the account I have specified in the amount of my Capital Region Water (CRW) 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 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: \_\_\_\_\_

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✓ This form is required to authorize a direct deposit payment.

Checking Account - Please enclose a blank check, marked "VOID".

Savings Account (no passbook accounts) - Please provide account information and sign below.

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

(9-digit number obtained from your financial institution)