

**CONTACT INFORMATION**

**OFFICE HOURS 8AM - 4PM MONDAY-FRIDAY**

CUSTOMER SERVICE  
AFTER HOURS EMERGENCY

724-846-2400 VISIT US AT: [www.bfwater.net](http://www.bfwater.net)  
724-846-1020 Call before you dig 811. It's the law.

**PAPERLESS BILLING OPTIONS - GO GREEN**

GO TO [www.bfwater.net](http://www.bfwater.net) to register for paperless billing and receive your bill via e-mail.

**WHERE AND HOW TO PAY YOUR BILL**

- EZ-PAY** You can set up pre-authorized bank draft payments from your checking or savings account by completing the form at the bottom of the page. These payments will be made on the business day prior to the due date.
- IN PERSON** You may come to our main office at 1425 8th Ave., Beaver Falls to pay your bill. You may also pay your bill at the following First National Bank locations:
  - Chippewa Office
  - Beaver Falls Office
  - New Brighton Office
- CREDIT CARD** You can make a credit/debit card payment in person, by telephone, or on our web site @ [www.bfwater.net](http://www.bfwater.net) under Services-Payments. You must have your account number.
- BY MAIL** If you mail your payment, be sure to allow a few days for the payment to reach our office BEFORE the due date.

IF YOU HAVE A DISPUTED BILL, CALL OUR OFFICE PRIOR TO THE DUE DATE.  
OTHERWISE, BILLS ARE SUBJECT TO NORMAL SHUT-OFF PROCEDURES.

**NOTICE**

IT IS THE RESPONSIBILITY OF THE CUSTOMER TO PROVIDE ADEQUATE PROTECTION FOR THE METER TO INSURE AGAINST FREEZING, HEAT DAMAGE, ETC. THE REPLACEMENT COST RESULTING FROM SUCH METER DAMAGE WILL BE REFLECTED AS A DIRECT CHARGE TO THE CUSTOMER.

**BEAVER FALLS MUNICIPAL AUTHORITY – EZ PAY AUTHORIZATION**

Please complete and return this form if you want BFMA payments to be automatically deducted from your bank account. **Please provide a voided check or a savings withdrawal slip.**

**FINANCIAL INSTITUTION INFORMATION**

**I hereby authorize Beaver Falls Municipal Authority to initiate debit entries to my account listed below:**

Bank Name: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_