

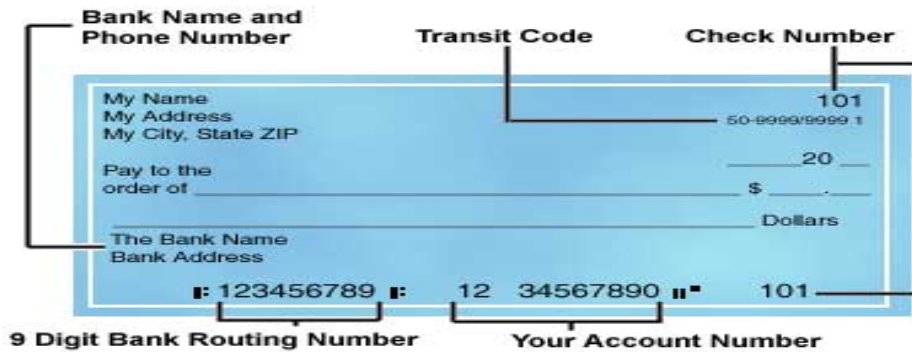


Deptford Township Municipal Utilities Authority Automated Clearing House (ACH) Authorization Agreement

I/We authorize Deptford Township MUA, to initiate debit entries and to initiate, if necessary, credit and adjustments for any debit entries in error to my/our account at the Financial Institution indicated below. I/We understand that there will be a \$25.00 charge for any insufficient fund transactions.

Name (Please Print)	MUA Account Number	Daytime Phone Number	
Address	City	State	Zip
Email			

Account Type: Checking Savings (Please Check One)



Routing Number (9-digits)

Bank Account Number

Bank Name

Bank Transit Code

I/We agree that my/our bank account will be debited on the 28th of each month for the total amount due on my/our account. In the event that the 28th of the month is not a banking day, my/our bank account will be debited on the next banking day. This authorization will remain in full force and effect until I/we notify the Authority in writing thirty (30) days prior to its termination. I/We will be notified if the direct debit process for my/our account was not satisfactory.

Name (Please Print)

Authorized Signature

Date

Name (Please Print)

Authorized Signature (Joint Account)

Date

For Checking Accounts, **PLEASE ATTACH A VOIDED CHECK** to this form. For Savings Accounts, **PLEASE ATTACH A PREPRINTED DEPOSIT SLIP** and contact your bank for their ABA Check Routing Number.

Please note: This form will not be processed without the above attachments. The Authority must receive this enrollment form by the fifteenth (15th) day of the month in order to start direct debit the following month.

Either mail or fax this completed form to the attention of Bill Processing Department at:

Deptford Township MUA – PO Box 5506 – Deptford, New Jersey 08096
TEL: (856) 415-1111 FAX: (856) 415-0223 Email: DTMUA-GT@DEPTFORD-NJ.ORG