



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED WITHDRAWALS (DEBITS)

I hereby authorize The Washington Township Municipal Authority to initiate debit entries to my account number indicated below at the depositories named below and to initiate, if necessary, credit entries or adjustments for any debit error. The amount debited will be equal to the current balance of my water and/or sewer account as of the 15th of each quarterly billing month (November, February, May, and August)

Please attach a voided check.

WTMA Account # _____

Depository/Bank Name _____

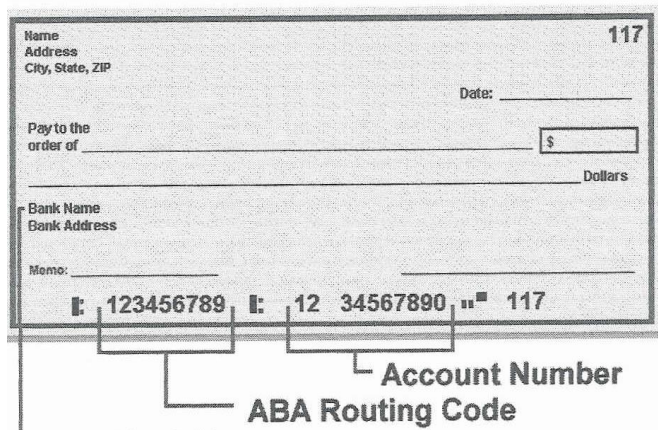
Customer Service Address _____

City _____ State _____ Zip _____

Contact (phone/email): _____

Transit/Routing ABA # _____ Bank Account Number _____

Account Type (check one only) Checking Savings



I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until written notice of my intention to terminate this agreement (30 days notice is required) has been provided.

Payer / debtor name - please print

Date

Payer / debtor signature