



LAMBERTVILLE MUNICIPAL UTILITIES AUTHORITY

Authorization Agreement for ACH Direct Withdrawal for Quarterly Sewer Service Payments

Check One:

Date: _____

_____ New Authorization _____ Authorization to Transfer to Another Depository

_____ Change of Account Number _____ Cancellation

I (we) hereby authorize the Lambertville MUA, hereafter called AUTHORITY, to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below.

Depository Name (name of your bank) _____

Branch _____

City _____ State _____ Zip _____

Transit/ ABA No. _____ Account No. _____

This authorization agreement is to remain in full force and effect until the AUTHORITY has received written notification from me of its termination in such time and in such manner as to afforded the AUTHORITY and the DEPOSITORY a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the AUTHORITY or the DEPOSITORY prior to its receipt.

The bank or financial depository information provided in this form by the rate payer shall remain confidential from all other sources and used solely for the purposes described in this form.

AUTOMATIC WITHDRAW DATES: Will be initiated on your quarterly due dates based on your cycle.

Cycle 1: March 15, June 15, September 15, December 15

Cycle 2: January 15, April 15, July 15, October 15

Cycle 3 & 4: February 15, May 15, August 15, November 15

Name(s) _____

Property Location _____

Mailing Address (if different from above) _____

Sewer Service Account# _____ Day Time Telephone _____

E-Mail Address _____

Signature _____

Signature _____

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

PLEASE MAIL/ EMAIL THIS COMPLETED APPLICATION TO:

MPARSONS@LAMBERTVILLEMUA.COM

LAMBERTVILLE MUA

PO BOX 300

LAMBERTVILLE, NJ 08530