AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH DEBIT)

I hereby authorize Maidencreek Township Authority (MTA) and my financial institution to initiate the quarterly payment of my water/sewer charges on the payment due date from the account specified below.

If I change financial institutions, wish to terminate automatic payment, or wish to stop automatic payment of the quarterly amount, I will take responsibility to notify MTA in writing at least 10 days before my account is to be charged.

In addition, I understand that if automatic payments are rejected due to insufficient funds two (2) times, MTA will terminate this authorization agreement. I understand that in the event there are insufficient funds in my account, MTA will not provide me with any notice of such deficiency and that I am responsible to remit payment to MTA including any payment, fees and other charges.

You will still receive a bill in the mail, but it will contain the message "DO NOT PAY. Money will be deducted from your bank".

This authorization will remain in effect until I notify MTA otherwise, in writing, and MTA has a reasonable opportunity to act on it.

Name of Financial Institution _____

Bank Routing Number _____

Account Number _____

Type of Account (check one): Checking _____ Enclose a voided check.

Savings _____ Enclose a bank deposit slip.

Name(s) _____

Service Address _____

Water/Sewer Account Number _____ Phone Number _____

Date _____ Signature _____

Mail completed form and voided check or bank deposit slip to:

MTA

P.O. Box 289

Blandon, PA 19510