

Newtown, Bucks County, Joint Municipal Authority (NBCJMA)

15 S. Congress Street, Newtown PA 18940

215-968-4109

Automated Clearing House (ACH) Authorization Form

Name (Please Print)

Sewer Acct #

Daytime Phone #

Email Address

Address

City

State

Zip Code

Financial Institution Name

Financial Institution Address (if known)

Account Type:      Checking      Savings      (Please Circle one)

The diagram shows a check with the following fields and labels:

- Your Name** and **Your Address** at the top left.
- DATE** with a blank line for the date.
- 1035** in the top right corner.
- PAY TO THE ORDER OF** with a blank line and a dollar sign followed by a box for the amount.
- DOLLARS** below the amount box.
- Your Bank Name** with a blank line.
- MEMO** with a blank line.
- Routing Number**: 123456789 (indicated by a red bracket).
- Account Number**: 987654321 (indicated by a green bracket).
- Check Number**: 1035 (indicated by a green bracket).

I hereby authorize the NBCJMA to initiate entries to my checking/savings accounts at the financial institution listed above, and, if necessary initiate adjustments for any transactions credited/debited in error. I understand that my bank account will be debited on the 15<sup>th</sup> of the month that my payment is due. In the event that the 15<sup>th</sup> is not a business day, my bank account will be debited on the next available business day. This authorization will remain in full force and effect until the (NBCJMA) has received written notification from me of termination.

In the event that the direct debit transaction does not successfully transfer from my bank I will be notified by the NBCJMA.

Authorized Signature

Date

**For Checking Account, please attach a voided check  
For Savings Accounts, please attach a deposit slip**