Newtown, Bucks County, Joint Municipal Authority (NBCJMA)

15 S. Congress Street, Newtown PA 18940
215-968-4109

Automated Clearing House (ACH) Authorization Form

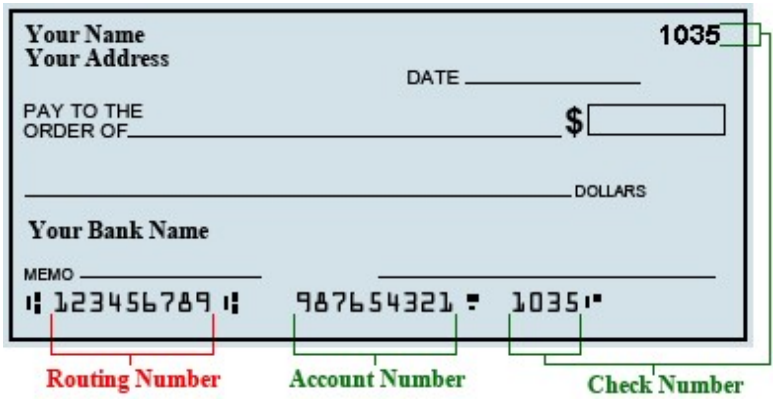
_____ _____
Name (Please Print) Sewer Acct #

_____ _____
Daytime Phone # Email Address

_____
Address City State Zip Code

_____
Financial Institution Name

Account Type: Checking Savings (Please Circle one)



PLEASE ATTACH A VOIDED CHECK COPY OR BANK NOTE WITH ROUTING AND ACCOUNT NUMBER.

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 15th of the month that my payment is due.** If the 15th 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.

If the direct debit transaction does not successfully transfer from my bank I will be notified by the NBCJMA via email and mailed letter.

_____ _____
Authorized Signature Date