

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)

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

- Your Name**: _____
- Your Address**: _____
- DATE**: _____
- 1035**: (Check Number)
- PAY TO THE ORDER OF**: _____
- \$**: _____
- DOLLARS**: _____
- Your Bank Name**: _____
- MEMO**: _____
- 123456789**: (Routing Number)
- 987654321**: (Account Number)
- 1035**: (Check Number)

Labels below the check:

- Routing Number** (under 123456789)
- Account Number** (under 987654321)
- Check Number** (under 1035)

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