



**AUTHORIZATION AGREEMENT FOR ACH BANK DRAFTING**

Customer/Owner Name: \_\_\_\_\_ Utility Billing Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

I (we) hereby authorize the *North Huntingdon Township Municipal Authority*, hereinafter called *NHTMA*, to initiate below entries from my (our)  Checking Account /  Savings Account (select one) indicated below at the financial institution named below and to debit the same account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law.

Amount: **\$39.20 Monthly or \$117.60 Quarterly** (or the current rate) *Please circle one.*

Please select one ACH date: \_\_\_\_ 15<sup>th</sup> or \_\_\_\_ 30<sup>th</sup> (27<sup>th</sup> or 28<sup>th</sup> in February)

\*\*\*\*\*Banking Information on file/attached (please provide a blank *Void Check*)\*\*\*\*\*

Customer's Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until *NHTMA* has received written notification from me (or either of us) of its termination in such time and in such manner as to afford *NHTMA* and your bank a reasonable opportunity to act on it.

Name (s): \_\_\_\_\_

Date: \_\_\_\_\_ Signature (s): \_\_\_\_\_