



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: **\$43.30 Monthly or \$129.90 Quarterly** (or the current rate) *Please circle one.*

Please select one ACH date: ____ 15th or ____ 30th (27th or 28th 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.

Please note that changes made to your ACH arrangements, such as a new bank, will not take effect until your next billing cycle. For example, if you receive a bill in September, and make a change later that month, the change will not take effect until your next quarterly bill is calculated in December. If you are on a monthly ACH payment cycle, the monthly payments will still be sent from your original bank until your next quarterly bill is calculated.

Name (s): _____

Date: _____ Signature (s): _____