MOUNT LAUREL TOWNSHIP
Municipal Utilities Authority

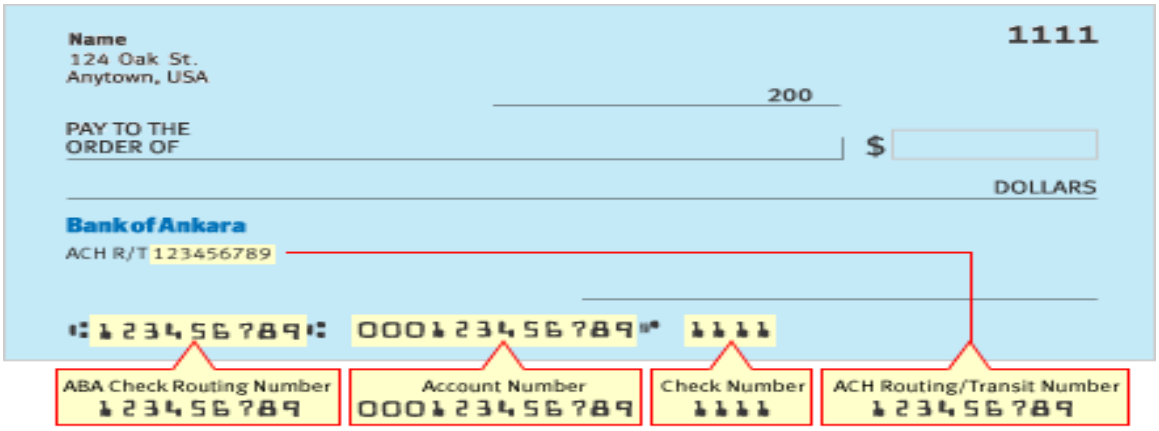
AUTOMATED CLEARING HOUSE (ACH)
AUTHORIZATION AGREEMENT

I (we) authorize Mount Laurel Township MUA, hereinafter called the Company, to initiate entries (debit and/or credit) to my (our) account at the Financial Institution indicated below.

Name (Please Print) _____ **MUA Account Number** _____ **Daytime Phone Number** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Account Type: Checking Savings Money Market (Please Circle One)



ABA Check Routing Number (9-digits) _____ **Bank Account Number** _____

I understand that my bank account will be debited on the 22nd of each month for my total amount due. In the event that the 22nd of the month is not a banking day, my bank account will be debited on the next available banking day. This authorization will remain in full force and effect until the Company has received thirty (30) days written notification from me (us) of its termination. This enrollment form must be received by the Company by the tenth (10th) day of the month in which I wish to start direct debit. I will be notified if the direct debit process for my account was not satisfactory.

Name (Please Print) _____ **Authorized Signature** _____ **Date** _____

Name (Please Print) _____ **Authorized Signature (Joint Account)** _____ **Date** _____

For Checking and Money Market Accounts, please attach a void check to this form. For Savings Accounts, please attach a preprinted deposit slip and contact your bank for their ABA Check Routing Number.

Please note: We cannot process this form without the above attachments. Send this completed form to the attention of Kelly Abbott at:

1200 SOUTH CHURCH STREET, Suite 21
MOUNT LAUREL, NEW JERSEY 08054
(856) 722-8143 ♦ FAX (856) 722-1550
kabbott@MLTMUA.com