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			· · · · · · · · · · · ·	Ci	ty		State	Zip
	Account Type:	Checking	Savings	Money Mark	et (Please	Circle One))	
	Name 124 Oak St. Anytown, USA				200		1111	
	PAY TO THE ORDER OF					\$	DOLLARS	
	Bank of Ank ACH R/T 1234						DOLLARS	
	412345	6789	00075	34 56 789				
	ABA Check Roo			unt Number 3456789	Check Number		g/Transit Number 56789	

PLEASE NOTE: In order for ACH to be activated, a voided check must be submitted with this form.

I (we) understand that this bank account will be debited on the 22^{nd} of each month for the total amount due on the above referenced MUA account. If the 22^{nd} of the month is not a banking day, this bank account will be debited on the next available banking day. The Company must receive this enrollment form by the tenth (10th) day of the month in which I (we) wish to start direct debit, and it will remain in full force and effect until the Company receives thirty (30) days written notice from me (us) to terminate the monthly debit to this bank account. Thirty (30) days written notice must also be given to the Company for changes to bank and / or bank account information. All changes will require a new enrollment form and voided check.

Name (Please Print)	Authorized Signature	Date
Name (Please Print)	Authorized Signature (Joint Account)	Date
6	counts, please enclose a voided check. For Savings A ur bank provide its ABA Check Routing Number in w	· 1

We cannot process this form without the document(s) detailed above. Email or send your submittal to our Customer Service Department: 1201 SOUTH CHURCH STREET MOUNT LAUREL, NEW JERSEY 08054 (856) 234.0062 FAX (856) 866.1092 CustomerService@mltmua.com