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 Ci	ircle One)		
	Name 124 Oak St. Anytown, USA PAY TO THE				200		1111	
	ORDER OF					\$	DOLLARS	
	Bank of Ank ACH R/T 1234						7	
	:123456789: 000123456789: 1111							
	ABA Check Ros				ck Number		/Transit Number 56789	
	ABA Check Roo	ıting Numbo	er (9-digits) Bank	Account Nu	mber		_
reference banking of direct del terminate	d MUA account. day. The Compan pit, and it will rem the monthly debi	If the 22 nd of y must receivain in full for to this bank	the month ye this enrouse and effections.	llment form by the	ay, this bank tenth (10th) any receives ritten notice	account v day of th thirty (30 must also	will be debited e month in whi days written r be given to the	on the next available ch I (we) wish to start notice from me (us) to Company for
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 Greer at: 1201 SOUTH CHURCH STREET

MOUNT LAUREL, NEW JERSEY 08054 (856) 638-1290 ext 200 ♦ FAX (856) 638-1294 kgreer@MLTMUA.com