

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

Please return to: Doylestown Township Municipal Authority
425 Wells Road
Doylestown, PA 18901-2717

Name: Doylestown Township Municipal Authority *For DTMA Use Only:*
Tax I.D. No.: 23-2359307 *Input By: _____ Date: _____*

I hereby authorize Doylestown Township Municipal Authority to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my bank account indicated below and the financial institution named below, to debit and/or credit the same to such account. I understand there shall be a \$35.00 charge for any insufficient fund transaction.

BANK INFORMATION

Account Type: *(Please check one)* _____ Checking Account _____ Savings Account

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Account No.: _____
(9 positions)

This authority is to remain in full force and effect until Doylestown Township Municipal Authority has received written notification from me of its termination in such time and in such manner as to afford Doylestown Township Municipal Authority and the financial institution named above a reasonable opportunity to act on it.

CUSTOMER INFORMATION

Name: _____

Address: _____

Daytime Telephone Number: __ (____) _____

Customer Account Number: _____

A BLANK VOID CHECK MUST ACCOMPANY THIS APPLICATION. DEPOSIT SLIPS CANNOT BE ACCEPTED. ALL FIELDS MUST BE FILLED IN. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

Customer Signature: _____ Date: _____