

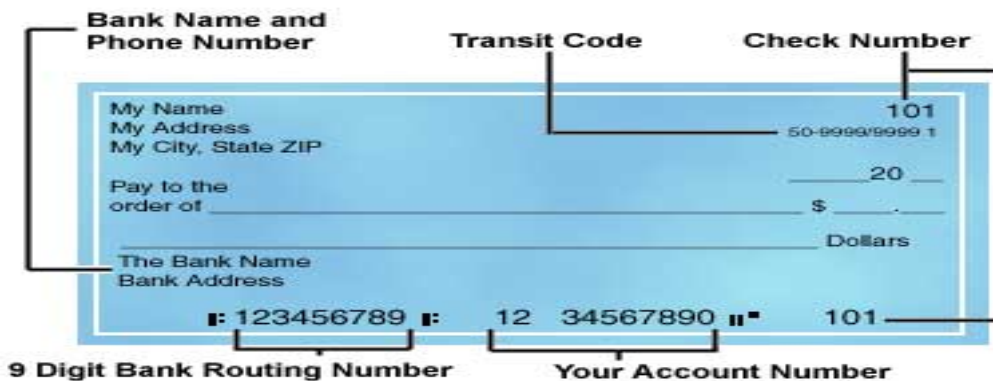
**DEPTFORD TOWNSHIP MUNICIPAL UTILITIES AUTHORITY**  
Automated Clearing House (ACH) Authorization Agreement



I/We authorize Deptford Township MUA, to initiate debit entries and to initiate, if necessary, credit and adjustments for any debit entries in error to my/our account at the Financial Institution indicated below. I/We understand that there will be a \$15.00 charge for any insufficient fund transactions.

Name (Please Print)	MUA Account Number	Daytime Phone Number	
Address	City	State	Zip

Account Type:       Checking                       Savings                      (Please Check One)



Routing Number (9-digits)	Bank Account Number
Bank Name	Bank Transit Code

I/We agree that my/our bank account will be debited on the 28<sup>th</sup> of each month for the total amount due on my/our account. In the event that the 28<sup>th</sup> of the month is not a banking day, my/our bank account will be debited on the next banking day. This authorization will remain in full force and effect until I/we notify the Authority in writing thirty (30) days prior to its termination. I/We will be notified if the direct debit process for my/our account was not satisfactory.

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

For Checking 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: This form will not be processed without the above attachments. The Authority must receive this enrollment form by the tenth (10th) day of the month in order to start direct debit the following month. Either mail or fax this completed form to the attention of Bill Processing Department at:

**Deptford Township MUA – PO Box 5506 – Deptford, New Jersey 08096**  
**TEL: (856) 415-1111    FAX: (856) 415-0223**