



CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize _____ MPTMA to electronically debit my (our) account, and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

Checking Account Savings Account (select one) at the depository financial institution named below ("DEPOSITARY"). I (we) agree the ACH transactions I (we) authorize comply with all applicable law.

DEPOSITARY

Bank Name _____ Branch _____

Routing Number _____ Account Number _____

Authorized debit amount: Total Bill (I understand my bill may not be the same amount monthly)

Customer Sewage Acct. # _____ Phone # _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify MPTMA with written notification, from customer named below, that I (we) wish to revoke this authorization. I (we) understand that MPTMA requires at least two (2) weeks prior notice in order to cancel this transaction.

Name (Print): _____

Date: _____ Signature: _____

Please return completed form to: MPTMA PO Box 258 Norvelt, Pa. 15674

A voided check must be attached to complete this form.

ATTACH VOIDED CHECK HERE