

Sewage Acct # \_\_\_\_\_

# DIRECT DEBIT PAYMENT AUTHORIZATION FORM

Address \_\_\_\_\_

Company Name: NORTH UNION TOWNSHIP MUNICIPAL SERVICES AUTHORITY  
(NUTMSA)  
120 Commonwealth Drive, Suite 101  
Lemont Furnace, PA 15456  
724-438-6330

## PAYMENT TAKEN OUT ON 10<sup>TH</sup> DAY OF EACH MONTH

I authorize herein after called **COMPANY**, to initiate debit entries to my  
( ) **CHECKING** or ( ) **SAVINGS**, account (select one) indicated below at the  
depository financial institution named below, hereinafter called **DEPOSITORY**.  
Also, if necessary, initiate adjustments for any transactions debited in error.

Depository

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account No.: \_\_\_\_\_

This authorization will remain in full force and effect until **COMPANY** has received  
written notification from me of it termination in such time and in such manner as to  
afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Customer

Name \_\_\_\_\_ Date: \_\_\_\_\_

Please print

Customer

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Customer

Address: \_\_\_\_\_

Optional:

Depository Bank Verification: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*NOTE:** IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN  
AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR  
(COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT  
TRANSACTION EFFECTIVE DATE.

**\*\*\*\*\* A VOIDED CHECK MUST BE ATTACHED TO THIS FORM.**