

Authorization Form

Note: All customers wishing to participate in the Direct Withdrawal Payment (ACH Debit) must complete, sign, return, and agree to the terms stated on this authorization agreement as required by Federal Banking Regulations.

PLEASE PRINT YOUR NAME AND ADDRESS AS IT APPEARS FROM YOUR FINANCIAL INSTITUTION

| | |
|------------------------|--|
| PRINT NAME | |
| MAILING ADDRESS | |
| HOME PHONE | |
| CELL PHONE | |
| E-MAIL | |

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL PAYMENTS (ACH DEBIT)

I authorize the Minersville Municipal Authority/Minersville Borough/Minersville Sewer Authority (MB) to initiate quarterly debit entries in the amount of my utility bill(s) from the bank account and financial institution identified below. I acknowledge that the origination of ACH debit transactions to my account must comply with the provisions of United States law. This authorization shall remain in full force and effect until one of the following occurrences:

1. The MB receives written notification, signed by all parties named below, of the termination of this authorization agreement in such time (minimum of 30 calendar days preceding the next due date of a utility bill) and manner as to afford the MB, and the financial institution a reasonable opportunity to act on it.
2. Utility service registered in the name(s) below is terminated.
3. The MB receives two (2) non-sufficient fund (NSF) notices, charged the applicable \$40.00 NSF fee assessed by MB, and placed on a cash only basis for payment of MB bills.
4. Failure of the customer to notify the MB of a change in financial account information resulting in a NSF/CLOSED ACCOUNT notice will also institute deactivation of this service.

I have submitted this financial account information in confidence to the MB. I understand I am not required by law to provide financial account information—it is provided solely for participation in this program. MB has obliged itself to act in good faith not to disclose financial account information.

I understand that cancellation/termination of service may require several days to implement and that authorized withdrawals from my bank account named below may occur prior to cancellation of my participation in the direct payment program. My signature on this form indicates my understanding of and agreement to the MB Direct Withdrawal Payment Program policies and procedures.

MB ACCOUNT #: _____ (Please fill out separate forms for multiple accounts)

CHECKING ACCOUNT

SAVINGS ACCOUNT

| | |
|-------------------------|-----------------------|
| ACCOUNT NUMBER | ROUTING NUMBER |
| INSTITUTION NAME | |

Please attach a voided check

Failure to attach a voided check will result in not being added to the Direct Withdrawal Program

SIGNATURE: _____ **DATE:** _____

Return this form to: Minersville Borough, 2 E Sunbury St., Minersville PA 17954