

Save Time!!! Save a Stamp!!! Save a Trip!!!

1 0	•	idraw date"write one les	is check every month! No fate fees!
Complete the enclosed ACH Authorization agreement and return to: MCMA 70 Chestnut Street Lewistown, PA 17044			Copy
			Copy Refused
Call: 717 248-0165 w	rith any questions. Mon.—Fri. 8:30am	i to 5:00pm	Fax: 717 248-0167
	AUTHORIZATION AGREEME	NT FOR DIRECT PAYMENTS (AC	CH DEBITS)
Company Name:	Mifflin County Municipal Author	<u>Ority</u> Company ID Nur	mber <u>85-4112266</u>
(we) hereby authorizene)		ty, hereinafter called COMPANY, to in	itiate debit entries to my (our)(selec
	[] Check [] Saving	ing Account gs Account	
		ed below, hereinafter called DEPOSITO transactions to my (our) account must	
	Brane	ch	
City	State	Zip	
Routing Number	Account Number	EMAII	L
		COMPANY has received written notific OMPANY and DEPOSITORY a reason	
Name(s)		ID Number_	
(Please Print)		(Accoun	nt #)
(Please Print)		
Date		Signature	
	ONLY BY NOTIFYING THE PLEASE ATTACE	IS <u>MUST</u> PROVIDE THAT THE RIE ORIGINATOR IN THE MAIN CANCELLED/VOIDED CHECK POSIT TICKET HERE	
	(Office Use Only	
Entered:	Date:	Checked: _	Date: