

Complete the enclosed ACH Authorization agreement and return to:

Landlord Name:

MCMA  
70 Chestnut Street  
Lewistown, PA 17044

Responsible party for all charges: \_\_\_\_\_

Multiple Account Authorization: \_\_\_\_\_

Call: 717 248-0165 with any questions. Mon.—Fri. 8:30am to 5:00pm

Owner Code: \_\_\_\_\_ Fax: 717 248-0167

Our **Direct Payment Plan** automatically deducts your Water Bill payment from your checking or savings account on the 15<sup>th</sup> of the month payment is due. Your bill will arrive as usual during the first week of the month due. There will be a note that states "DO NOT PAY---payment will be automatically deducted on the withdraw date"-----Write one less check every month! No late fees

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**  
**Landlord/Tenant**

Company Name: Mifflin County Municipal Authority

Company ID Number 85-4112266

I (we) hereby authorize Mifflin County Municipal Authority, hereinafter called COMPANY, to initiate debit entries to my (our)(select one)

- Checking Account
- Savings Account

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the **provisions of U.S. Law.**

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ EMAIL: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Tenant \_\_\_\_\_ Landlord \_\_\_\_\_ Copy \_\_\_\_\_

This authorization will be terminated upon ANY returned ACH. Copy Refused \_\_\_\_\_

Tenant \_\_\_\_\_ Landlord \_\_\_\_\_

Name(s) \_\_\_\_\_ ID Number \_\_\_\_\_  
(Please Print) (Account #)

\_\_\_\_\_  
(Please Print) Primary Phone # \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.** Tenant \_\_\_\_\_ Landlord \_\_\_\_\_

**PLEASE ATTACH CANCELLED/VOIDED CHECK  
OR DEPOSIT TICKET HERE**

*Office Use Only*

Entered: \_\_\_\_\_ Date: \_\_\_\_\_ Checked: \_\_\_\_\_ Date: \_\_\_\_\_