

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 **bill due date**. 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 #)

Primary Phone # _____

(Please Print)

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: _____