

Entered: _____ Date: ____

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

automaticany deducti	ed on the withdraw datewrite one is	iss check every month! No rate i	lees!
Complete the enclose MCMA 70 Chestnut Street Lewistown, PA 1704	ed ACH Authorization agreement and return to:		Copy Refused
Call: 717 248-0165 v	with any questions. Mon.—Fri. 8:30am to 5:00pm		Fax: 717 248-0167
	AUTHORIZATION AGREEMENT FOR DII	RECT PAYMENTS (ACH DE	BITS)
Company Name:	Mifflin County Municipal Authority	Company ID Number	<u>85-4112266</u>
I (we) hereby authorione)	ize Mifflin County Municipal Authority, hereinafter [] Checking Account	called COMPANY, to initiate d	lebit entries to my (our)(selec
	[] Savings Account the depository financial institution named below, her nowledge that the origination of ACH transactions to		
Depository Name	Branch		
City	State	Zip	
Routing Number	Account Number	EMAIL	
	to remain in full force and effect until COMPANY hime and in such manner as to afford COMPANY and		
Name(s)(Please Print)		D Number(Account #)	
(Please Prin		Vanatana	
	TTEN DEBIT AUTHORIZATIONS <u>MUST</u> PR N ONLY BY NOTIFYING THE ORIGIN		
	PLEASE ATTACH CANCELLI OR DEPOSIT TICK		
	Office Use C	 Only	

Checked: _____ Date: ____