



Consumer Authorization for Direct Payment via ACH Debits

I (we) authorize Delmar Township Municipal Authority to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

☐ Checking Account ☐ Savings Account (select one) at the depository financial institution named below. ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

*Please attached a voided check

Amounts of debit(s) or method of determining amounts of debit(s) (or specify range of acceptable dollar amounts authorized): _____.

Dates and frequency of debit(s) _____.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least ____ day(s) prior notice in order to cancel this authorization.

Name(s) _____

Date _____ Signature(s) _____