



## 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 attach 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) \_\_\_\_\_