THE MARSHALL TOWNSHIP MUNICIPAL SANITARY AUTHORITY

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Marshall Township Municipal Sanitary Authority, hereinafter MTMSA, to initiate debit entries to my (our) ___ Checking Account / ___ Savings Account (select one) at the depository financial institution named below, hereafter DEPOSITORY, and to debit 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 _____

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

Name(s) (Please Print) _____

MTMSA Account Number _____

Signature _____ Date _____

Phone Number: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

<u>*PLEASE ATTACH A VOIDED CHECK WITH AUTHORIZATION</u>

<u>E-Mail billing available</u>: If you would like to receive your quarterly bill via e-mail, please enter your e-mail address below (leave blank to continue receiving your quarterly bill via US Postal Service):

E-Mail Address: _____

525 Pleasant Hill Road • Suite 200 • Wexford, Pennsylvania 15090 • 724-935-3090 • Fax (724) 935-1411