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

Our ***Direct Payment Plan*** automatically deducts your Water Bill payment from your checking or savings account on the **15th** of the month payment is due. 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!

Complete the enclosed ACH Authorization agreement and return to:
MABL
70 Chestnut Street
Lewistown, PA 17044

Copy_____

Copy Refused_____

Call: 717 248-0165 with any questions. Mon.—Fri. 8:30am to 5:00pm

Fax: 717 248-0167

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: The Municipal Authority Of The Borough Of Lewistown

Company ID Number 23-6002764

I (we) hereby authorize The Municipal Authority Of The Borough Of Lewistown, 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.

Name(s) _____ ID Number_____
(Please Print) (Account #)

_____
(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.

PLEASE ATTACH CANCELLED/VOIDED CHECK
OR DEPOSIT TICKET HERE

Office Use Only

Entered: _____ Date: _____ *Checked: _____ Date: _____*