

North Middleton Authority
240 Clearwater Drive
Carlisle, PA 17013
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(717) 243-0377 fax
email csaoff@pa.net

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

As a convenience to me I hereby authorize North Middleton Authority to withdraw payment for my water and/or sewer bill (via automatic bi-monthly bank draft) from my Bank or Credit Union account and to apply this payment o my water/sewer account.

I understand that this agreement will remain in effect until I provide North Middleton Authority with a 30 day written notice of termination of agreement. North Middleton Authority will acknowledge in writing that the termination notice has been received.

I understand that I will receive a bill dated the 1st of the billing month and that the bank draft will be deducted from my account of the 30th of the billing month. Billing months are January, March, May, July, September and November.

Should my bank draft not be honored by my Bank or Credit Union, for any reson I realize that I am still responsible for the payment plus a service charge applied by North Middleton Authority. This is in addition to any service fee charged by my bank or credit union.

I further agree that the rights of North Middleton Authority shall be protected with respect to the bi-monthly bank draft and that North Middleton Authority's rights shall be the same as if the draft were a check drawn by me and personally signed by me.

I further agree that if any such check be dishonored, whether with or without cause whether intentionally or inadvertently, the North Middleton Authority shall be under no liability whatsoever even though such dishonor results in additional penalties and possible service termination.

I hereby authorize North Middleton Authority to initiate debits for the amount my water/sewer bill from the checking/savings account indicated below. If an error occurs in the transaction amount, I hereby authorize North Middleton Authority y to initiate a correcting transaction to/from the checking/savings account indicated below.

Bank Name: _____

City: _____ State: _____ Zip Code _____

Transit/ABA Number: _____ Account Number: _____
(Please Attach a voided check)

Name(s) on Account: _____

Address: _____

Date: _____ Signatures: _____
