

LAKWOOD TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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DIRECT PAYMENT AUTHORIZATION FORM

With the Direct Payment Plan, you can have your payment deducted automatically from your checking or savings account. And, you will not have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time - fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner - even if you are on vacation or out of town.
- Your payment is always on time.
- It saves postage - many people spend close to \$100 a year on postage.
- It is easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works: You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax.

Your payments will be **automatically deducted on the due date of the bill.** Proof of payment will appear on both your bill as well as the statement you receive from your financial institution.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization form below and return it to us.

All you need to do is:

- 1) Mark the account type box to indicate whether your payment will be deducted from your checking or savings account.
- 2) Fill in your name, financial institution, your routing & account information, then date and sign form.
- 3) **Attach a voided check** for verification of all financial institution information.

Please complete the information below.

For payment of my water/sewer bill, I authorize **Lakewood Township Municipal Utilities Authority** to initiate electronic debit entries from my:

Checking Account

(or)

Savings Account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law; this authority will remain in effect until I have cancelled it in writing.

CUSTOMER NAME [PLEASE PRINT]

LAKWOOD TOWNSHIP MUA ACCOUNT #

PROPERTY ADDRESS

FINANCIAL INSTITUTION NAME [PLEASE PRINT]

FINANCIAL INSTITUTION ROUTING NUMBER

FINANCIAL INSTITUTION ACCOUNT NUMBER

SIGNATURE

DATE

NOTE: Be sure to sign the form!

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