

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

I, the undersigned participant in a pre-arranged payment plan, hereby authorize Warwick Township Municipal Authority ("W.T.M.A.") (hereinafter called **COMPANY**) to initiate debit entries in the amount of the balance due each quarter to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**), and to debit the same to such account and send this amount to the Company.

This authority is to remain in full effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** or **BANK** a reasonable opportunity to act on it.

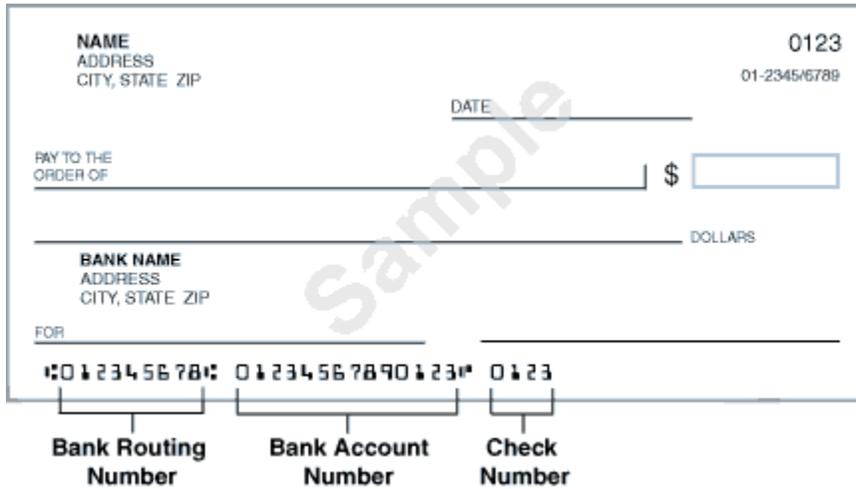
PARTICIPANT INFORMATION

NAME: _____ BY: _____
Please Type or Print Participant's Signature
W.T.M.A. Account #: _____ DATE: _____

BANK ACCOUNT INFORMATION
(Attach copy of VOIDED check below)

Bank Name: _____ Bank Account #: _____
Bank Routing #: _____ [] Checking **OR** [] Savings

**ATTACH
VOIDED
CHECK
HERE**



COMPANY INFORMATION

Company Name: Warwick Township Municipal Authority ("W.T.M.A.") Company Tax ID #: 23-2106157

If you would like to receive quarterly electronic notifications for when your account will be debited, please provide us with your email address:

OFFICE USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> Entered In Muni-Link | <input type="checkbox"/> Entered Email Address In Pre-note Email |
| <input type="checkbox"/> Entered Email Address In "ACH Participants" | <input type="checkbox"/> Original Placed In Customer File/Old Form Destroyed |