AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

I, the undersigned participant in a pre-arranged payment plan, hereby authorize <u>Warwick Township Municipal</u> <u>Authority ("W.T.M.A.")</u> (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.

	PART	TICIPANT INFORMATION
NAME:Please Type or Print		BY: Participant's Signature
	Please Type or Print	Participant's Signature
W.T.M.A. ACCOUNT	- #:	DATE:
PROPERTY ADDRES	SS:	
-MAIL ADDRESS		PHONE #
		ACCOUNT INFORMATION copy of VOIDED check below)
Bank Name:		Bank Account #:
Bank Routing #:		[] Checking <u>OR</u> [] Savings
ATTACH VOIDED CHECK	NAME ADDRESS CITY, STATE ZIP BAY TO THE ORDER OF	0123 01-2345/6789 DATE
HERE	BANK NAME ADDRESS CITY, STATE ZIP FOR	34567890123# 0123
	1011343811111 3111	3438.816163
	Bank R ['] outing Ba Number	ank Account Check Number Number
	COL	MPANY INFORMATION
Company Name: <u>Wa</u>	rwick Township Municipal /	
	0	OFFICE USE ONLY
☐ Entered In Mur	ni-Link	☐ Entered Email Address In Pre-note Email
☐ Entered Email	Address In "ACH Participar	nte"

Destroyed