

Authorization Agreement for Automatic Banking Services

FOR COMPANY USE ONLY	
BEGINNING DATE	_____
ENDING DATE	_____
DOLLAR AMOUNT	_____

**AUTHORIZATION AGREEMENT
FOR
AUTOMATIC BANKING SERVICES**

Company Name: THE MUNICIPAL AUTHORITY OF EAST HEMPFIELD TOWNSHIP
WATER AUTHORITY

I hereby authorize The Municipal Authority of East Hempfield Township, hereinafter called COMPANY, to initiate _____ Credit _____ Debit (select one) entries and to initiate, if necessary, adjustments for any entries in error to my (our) accounts indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such accounts.

DEPOSITORY NAME (PLEASE PRINT)			BRANCH
CITY	STATE	ZIP	TRANSIT/ABA #
CHECKING ACCOUNT #			SAVINGS ACCOUNT #

This authority 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)	PHONE
CUSTOMER ID NUMBER	DATE

SIGNED X _____

This application is for automatic withdrawal for your water payment to the Municipal Authority of the Township of East Hempfield. **Please complete the form and attach a voided check.** Automatic withdrawal will start the Quarter after we receive your form and voided check. **Please return form and voided check to: The Municipal Authority of the Township of East Hempfield, P.O. Box 97, Landisville, PA 17538.** Any questions please call 717-898-8231.

Please remember if there are any changes made to your account, such as change of bank or change of account number, it is your responsibility to notify our office immediately.