

**Authorization Agreement for ACH Direct Withdrawals
For quarterly sewer service payments**

Company Name: Toms River Municipal Utilities Authority

Date: _____

Check One:

_____ New Authorization _____ Authorization to Transfer to Another Depository
_____ Change of Account Number _____ Cancellation

I (we) hereby authorize the Toms River MUA, hereafter called COMPANY, to initiate debit entries to my (our) **checking** account indicated below at the depository financial institution named below.

Depository Name (the name of your bank) _____

Branch _____

City _____ **State** _____ **Zip** _____

Transit/ABA No. _____ **Account No.** _____

This authorization agreement is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the COMPANY or the DEPOSITORY prior to its receipt.

The bank or financial depository information provided in this form by the rate payer shall remain confidential from all other sources and used solely for the purposes described in this form.

Name(s) _____

Property Location _____

Mailing Address (if different from above) _____

Sewer Service Account # _____

Day Time Telephone _____

E-Mail Address _____

Signature _____

Signature _____

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

***PLEASE MAIL THIS COMPLETED APPLICATION TO:
TOMS RIVER MUNICIPAL UTILITIES AUTHORITY- 340 WEST WATER ST
TOMS RIVER NJ 08753
732-240-3500***