

Doylestown Township Municipal Authority

425 Wells Road • Doylestown • Pennsylvania 18901

Authorization Agreement for Direct Payment (ACH Debits)

Name: Doylestown Township Municipal Authority **TAX ID:** 23-2359307

APPLICANT		
Name		DTMA Account Number
Street Address		City and State
Zip	Daytime Phone	Cell Phone
Email		

I hereby authorize Doylestown Township Municipal Authority to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my bank account indicated below and the financial institution named below, to debit and/or credit the same to such account. I understand there shall be a **\$35.00** charge for any insufficient fund transactions.

BANK INFORMATION									
Account Type: <i>(please check one)</i> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account									
Financial Institution						Branch			
City				State		Zip			
Transit/ ABA No								Account Number	

This authority is to remain in full force and effect until Doylestown Township Municipal Authority has received written notification from me of its termination in such time and in such manner as to afford Doylestown Township Municipal Authority and the financial institution named above a reasonable opportunity to act on it.

Customer Signature	Date
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***A blank void check must accompany this application. Deposit slips cannot be accepted. All fields must be filled in. Incomplete forms will not be accepted.**

Please return to: Doylestown Township Municipal Authority
425 Wells Road
Doylestown, PA 18901

Or email to: **klim@doylestownpa.org**

For DTMA use only
Input by: _____
Date: _____