

**NEW SEWICKLEY TOWNSHIP
MUNICIPAL AUTHORITY
233 MILLER ROAD
ROCHESTER, PA 15074
Phone (724) 774-2461 FAX (724) 774-7825**

AUTHORIZATION AGREEMENT FOR NEW SEWICKLEY TWP. MUNICIPAL AUTHORITY

I (we) authorize New Sewickley Township Municipal Authority (the company) to withdraw funds via electronic debit from my (our)

CHECKING ACCOUNT

SAVINGS ACCOUNT

For the payment of recurring or single payment of my (our) monthly _____

_____ fee. Furthermore, if any such debit(s) drawn off the specified checking or savings account below is returned NSF (nonsufficient funds) for any reason, I (we) authorize the Company to collect such debit(s) by electronic debit and subsequently collect an electronic per item returned NSF fee not to exceed the state allowable amount of \$25.00 from the checking or savings account identified below. This agreement remains in effect until the Company receives written notification from me (us) of its termination in such a time and manner as to allow the Company and Depository reasonable time to act upon it.

I am (we are) a duly authorized check signer(s) on the account identified below, and authorizes all of the above with my (our) signature(s) below.

Financial Institution Name: _____

Branch _____ Bank Phone # () _____

City _____ State _____ Zip _____

Routing Number: [: - _ _ _ _ _]: (the 9 digits between the [: symbols)

Account Number _____

Customer Name (s) _____

Address _____ City _____

State _____ Zip _____ Phone # _____

Customer Signature (s) _____ Date _____

_____ Date _____

PLEASE ATTACH A VOIDED BLANK CHECK FROM THE ACCOUNT