



MONROE MUNICIPAL UTILITIES AUTHORITY

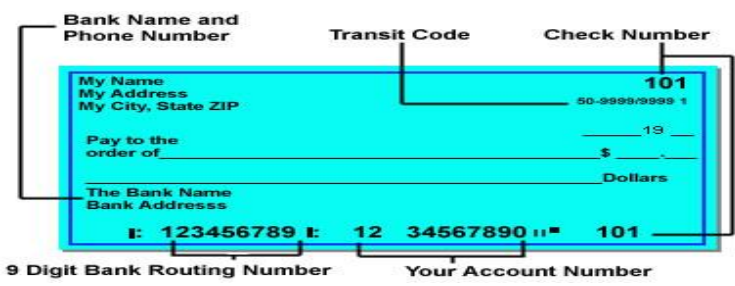
Automated Clearing House (ACH) Authorization Agreement

I/We authorize Monroe MUA to initiate debit entries and to initiate, if necessary, credit and adjustments for any debit entries in error to my/our account at the Financial Institution indicated below. I/We understand that there will be a \$25.00 charge for any insufficient fund transactions.

Name (Please Print) MUA Account Number Daytime Phone Number

Address Email Address

Account Type: (Please check one) [] CHECKING [] SAVINGS



Routing Number (9-digits) Bank Account Number

Bank Name

I/We agree that my/our bank account will be debited on the 25th of each month for the total amount due on my/our account. In the event that the 25th of the month is not a banking day, my/our bank account will be debited on the next banking day. This authorization will remain in full force and effect until I/we notify the Authority in writing thirty (30) days prior to its termination. I/We will be notified if the direct debit process for my/our account was not satisfactory.

Name (Please Print) Authorized Signature Date

Name (Please Print) Authorized Signature (Joint Account) Date

For Checking Accounts, please attach a voided check to this form. For savings Accounts, please attached a preprinted deposit slip and contact your bank for their ABA Check Routing Number.

Please note: This form will not be processed without the above attachments. The Authority must receive this enrollment form by the 15th day of the month in order to start direct debit on the 25th of the month.

Either mail or fax this completed form to:
Monroe MUA Billing Department
372 South Main Street, Williamstown, NJ 08094
Phone: (856) 629-1444 Fax: (856) 875-9469

I WOULD LIKE MY WATER/SEWER BILL TO BE DELIVERED TO ME EACH MONTH VIA:

[] E-BILL ONLY (DELIVERED BY EMAIL TO THE EMAIL ADDRESS PROVIDED ABOVE)

[] PAPER BILL (DELIVERED BY US POSTAL SERVICE)