

Lower Township Municipal Utilities Authority

Direct Debit Authorization Application and Agreement

I authorize the Lower Township MUA to debit the below specified bank account for my sewer and/or water bills. I understand that there will be a \$20.00 charge for any debits that are returned unpaid. I will keep my information up-to-date with the LTMUA.

Account Must be Current When Application is Processed			
LTMUA Account Number:			
Name on Account:			
Property Address: Mailing Address			
Telephone Number:		Cell Number:	
Email Address:			
I would like to sign up t	for direct debit of my \square Sewer	r bills Water bills (Please check one or bo	oth)
	Your Bank Account	Information	
REQUIRED: Inclu	<mark>ide a voided check from yo</mark>	our account or letter from your bank.	
9-Digit Routing Number:			
Bank Account Number:			
Name of Bank:			
Bank Account Type:	☐ Checking	☐ Savings	
December, & March for water In the event that the debit authorization will remain in ef	bills and January, April, July, & Oct date occurs on a bank holiday, my ffect until I notify the LTMUA in wri	the 15th-20th of the month it is due (June, September for sewer bill), for the total amount due on account will be debited on the next business day iting. I am aware that I must notify LTMUA of an avoid any issues with direct debit.	n my bills. y. My
Print Name:			
Authorized Signature:			
Date:			
Place mail or fay this completed	form and the voided shock to the Lev	wor Township MIIA as soon as possible so we may pro	cocc vour

Please mail or fax this completed form and the voided check to the Lower Township MUA as soon as possible so we may process your application and sign you up for the next billing. Please mail, fax, or email to the address or number below. If you have any questions at all, please contact our office!

Lower Township MUA Direct Debit 2900 Bayshore Road ● Villas, New Jersey 08251 (609) 886-7146 ● Fax: (609) 886-4487 ● billinghelp@LTMUA.org www.LTMUA.org