

# ACH AUTOMATIC PAYMENT PROGRAM

The *FREE*, quick and easy way to pay your Mount Holly Municipal Utilities Authority bill on time, all of the time!!

1. Complete the short authorization agreement at the bottom of this page.
2. Return the signed authorization agreement to the Mount Holly Municipal Utilities Authority for processing and you're **DONE!** No more stamps, no more checks, no more late payments. And best of all, it's **FREE!**

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| <ul style="list-style-type: none"><li>❖ Once enrolled, the total amount of your invoice will be debited from your designated bank account. Each invoice will state the date the transaction will occur.</li><li>❖ You are still responsible to assure sufficient funds are available in your bank account to cover the automatic withdrawal. If payment is denied by the bank, your sewer account will be charged a return fee of \$25.00.</li></ul> | <ul style="list-style-type: none"><li>❖ Excess insufficient fund transactions may prevent continued participation in the program.</li><li>❖ If you no longer wish to participate in the ACH Program, please notify the "MHMUA" by one of the following options:<ul style="list-style-type: none"><li>▪ P.O. Box 486, Mt. Holly, NJ 08060</li><li>▪ Email – <a href="mailto:info@mhdua.com">info@mhdua.com</a></li><li>▪ Fax – (609) 267-5420</li><li>▪ Phone – (609) 267-0015</li></ul></li></ul> |
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Detach Here and Return!

## Authorization Agreement for ACH Automatic Payment Program

Account Name/s: \_\_\_\_\_ MHMUA Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

Type of Account (Please circle one):    Checking    Savings    Money Market

I (we) authorize the Mount Holly Municipal Utilities Authority to initiate entries (debit and/or credit) to my (our) account at the Financial Institution indicated above.

\*DISCLAIMER: By typing your name below, you are signing this application electronically.

Name (Please Print) \_\_\_\_\_ Authorized Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Authorized Signature\* \_\_\_\_\_ Date \_\_\_\_\_