

CTA AUTOPAY APPLICATION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Cumberland Township Authority**

Company Tax ID: 23-1646481

I, hereby authorize Cumberland Township Authority, hereinafter called COMPANY, to initiate debit entries to my account, indicated below, on the billing due date at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law. In addition, I authorize the company to initiate credit entries to my account(s) if funds are debited from my account(s) in error.

Complete your account information

Checking Account No: _____ OR Savings Account No: _____

Depository Name: _____ City _____ State _____ Zip _____
(Customer's Financial Institution)

Financial Institution's Routing Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and such manner as to afford Company and Depository a reasonable opportunity to act on it.

Customer Name: _____ Customer Account No: _____
(Please Print)

Date: _____ Signature: _____

PLEASE ATTACH A VOIDED CHECK & return to:

Cumberland Township Authority
1270 Fairfield Road, Suite 9
Gettysburg, PA 17325