THE MUNICIPAL AUTHORITY OF THE BOROUGH OF MIDLAND
946 RAILROAD AVENUE
MIDLAND, PA 15059

Authorization Agreement for Direct Debt Payments (ACH Debit)

(Check the box that applies) **Start ACH** ☐ **Stop ACH** ☐ **Change Account Info** ☐

Customer #: _____

Service Address: _____

I (We) hereby authorize the Municipal Authority of the Borough of Midland to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below, hereafter called DEPOSITORY AND TO DEBIT THE SAME TO SUCH ACCOUNT.

Bank Name: _____
Routing # _____
Account # _____

This authorization is to remain on full force and effect until the Municipal Authority of the Borough of Midland has received written notification from me (or either of us) of termination of such manner to afford the Municipal Authority of the Borough of Midland and DEPOSITORY a reasonable opportunity to act.

Name (please print) _____

Signature: _____

Date: _____

The customer will be billed the current rate charged by the bank for insufficient funds.

NOTE: A voided check is required by the Municipal Authority of the Borough of Midland before final set-up for the payment option can be completed. Your check along with a completed copy of the form can be mailed to the above address or placed in our office drop box located next to the entrance.

Witness: _____