



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.

Your LTMUA Account Information

LTMUA Account Number: _____
Name on Account: _____
Property Address: _____
Mailing Address _____
Telephone Number: _____ Cell Number: _____
Email Address: _____

I would like to sign up for direct debit of my Sewer bills Water bills (Please check one or both)

Your Bank Account Information

REQUIRED: Include a voided check from your account or letter from your bank.

9-Digit Routing Number: _____
Bank Account Number: _____
Name of Bank: _____
Bank Account Type: Checking Savings

I agree that my bank account will be debited quarterly on June 20th, September 20th, December 20th and March 20th for water bills and January 15th, April 15th, July 15th and October 15th for sewer bills, for the total amount due on my bills.

In the event that the debit date occurs on a bank holiday, my account will be debited on the next business day. My authorization will remain in effect until I notify the LTMUA in writing. I am aware that I must notify the LTMUA of any and all changes to my bank account information to avoid any problems with direct debit. I will be notified prior to the first direct withdrawal and will thereafter expect my account to be debited on the above outlined dates.

Print Name: _____
Authorized Signature: _____
Date: _____

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
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