

*Whitemarsh*  
Township Authority



PO BOX 447  
2015 JOSHUA RD  
LAFAYETTE HILL, PA 19444

[www.whitemarshauthority.org](http://www.whitemarshauthority.org)  
PHONE: 484-344-5230

## ACH DEBIT AUTHORIZATION AGREEMENT

| APPLICANT INFORMATION   |  |
|---|--|
| NAME:   |  |
| ADDRESS:  |  |
| PHONE NUMBER:   |  |
| CELL PHONE:   |  |
| I (We) hereby authorize Whitemarsh Township Authority, hereinafter called AUTHORITY, to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. |  |
| Depository Name (Bank):   |  |
| Depository Address:   |  |
| Depository Routing Number:  |  |
| Depository Account Number:  | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |
| Utility Account Number:   |  |
| This Authorization is to remain in full force and effect until AUTHORITY has received written notification from me (or either of us) of its termination in such manner as to afford AUTHORITY and DEPOSITORY a reasonable opportunity to act on it.   |  |
| Name(s): <i>(Please Print)</i>  |  |
| Signature(s):   |  |

Please return this form to **Whitemarsh Township Authority** at the Post Office Box listed above.