

CINNAMINSON SEWERAGE AUTHORITY  
1621 RIVERTON ROAD  
CINNAMINSON, NJ 08077  
OFFICE (856) 829-5287/FAX (856) 829-4076

AUTHORIZATION AGREEMENT FOR (ACH) DIRECT  
WITHDRAWALS OF QUARTERLY SEWER PAYMENTS

Check One:  New Authorization  Change of Account  Cancel

**MUST INCLUDE A COPY OF A VOIDED CHECK OR BANK LETTER**

I hereby authorize Cinnaminson Sewerage Authority to initiate debit entries to my checking/savings account indicated below. I hereby authorize the depository named below to debit the same amount to my bank account. Such debit entry will take place on the 20<sup>th</sup> day of the month in which the sewerage bill was issued. If the 20<sup>th</sup> falls on a weekend or holiday, the debit will be on the next business day. Application must be received by the 15<sup>th</sup> of the month prior to due date to take effect (example: March due date, application must be received by Feb 15).

Bank Name \_\_\_\_\_  
Branch Address \_\_\_\_\_  
Transit/ABA Number \_\_\_\_\_  
Account Number \_\_\_\_\_

Checking  Savings

This authorization is to remain in full force and effect until Cinnaminson Sewerage Authority has received written notification from me of its termination in such time and manner as to afford the Sewerage Authority and the Bank a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the Sewerage Authority or the Bank prior to its receipt in the office of the Sewerage Authority. The Bank information provided in this form shall remain confidential from all other sources and be used solely for the purpose described in this form. If any debit entry is denied by the above-named Bank, your account with the Sewerage Authority will be charged a return fee of \$20. Certified funds or cash will then be required to fulfill your obligation with the Cinnaminson Sewerage Authority for that payment.

Name \_\_\_\_\_ Property Address \_\_\_\_\_

Customer Billing Account Number \_\_\_\_\_

Mailing Address (if different from above)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

All information is required. Sign and return form to: Cinnaminson Sewerage Authority  
1621 Riverton Rd, Cinnaminson NJ 08077