

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 20th day of the month in which the sewerage bill was issued. If the 20th falls on a weekend or holiday, the debit will be on the next business day. Application must be received by the 15th 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 _____

Have you enclosed a copy of your voided check or bank letter?

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