

**DIRECT DEBIT PAYMENT  
AUTHORIZATION FORM**

Company Name Wilmington Township      Company Tax ID # 25-6144190  
Mercer County

I authorize Wilmington Township, hereinafter called COMPANY, to initiate debit entries to my ( ) **Checking** ( ) **Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions debited in error.

Depository Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing/Transit Number \_\_\_\_\_ Account No. \_\_\_\_\_

This authorization will remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Name \_\_\_\_\_   
PLEASE PRINT

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

Sewer Account Number \_\_\_\_\_

OPTIONAL:  
Depository Bank Verification: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF BANK REPRESENTATIVE

**NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.**

**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. STAPLE VOIDED CHECK BELOW.**