



KTMA ACCT#: _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

NAME: Kelly Township Municipal Authority
(Company)

ID#: _____
(Company EIN)

I (We) hereby authorize Kelly Township Municipal Authority, hereinafter called *COMPANY*, to initiate debit entries to my (our) _____ Checking account, _____ Savings account indicated below at the depository named below, hereinafter called *DEPOSITORY*, to debit the same to such account.

DEPOSITORY NAME: _____ **BRANCH:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

CREDIT ACCOUNT INFORMATION (Susquehanna Community Bank):

ACCOUNT NUMBER: _____ **ACCOUNT TYPE** _____

AMOUNT _____ **FREQUENCY** _____ **START DATE** _____

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

NAME(S): _____ **TIN:** _____

PLEASE PRINT

ADDRESS: _____ **PHONE:** _____

SIGNATURE: _____ **DATE:** _____

EMAIL: _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP BELOW: