

AUTOMATIC CASH TRANSFER (ACT) APPLICATION FORM

NAME: _____

SERVICE LOCATION: _____

PHONE NUMBER: _____

BILLING ADDRESS: _____

MAJSA ACCOUNT NUMBER: _____

NAME ON CHECKING ACCOUNT: _____

I WISH TO HAVE MY PAYMENTS WITHDRAWN AUTOMATICALLY FROM THE FOLLOWING ACCOUNT:

CHECKING ACCOUNT (ENCLOSE A VOIDED CHECK)

SAVINGS ACCOUNT (OBTAIN THE FOLLOWING FROM THE BANK)

CUSTOMER ACCOUNT NUMBER: _____

BANK ROUTING & TRANSIT NUMBER: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC CASH TRANSFER

I hereby authorize the financial institution I have named on this application to charge the account I have specified for payment on my MAJSA sewer usage bill. I agree that such charge to my account shall be the same as if I had signed a check to pay my bill. I have the right to stop payment of a charge by notifying MAJSA within 15 (fifteen) days of the due date of my bill. If I stop payment 2 (two) times in one year, I will be excluded from this plan. In addition, I understand that both the financial institution and MAJSA reserve the right to terminate this payment plan and/or my participation therein. At any time I may elect to discontinue my enrollment in this plan.

SIGNATURE _____ DATE _____

RETURN TO: MAJSA, 290 MORIO DRIVE, MOUNTAIN TOP, PA 18707
(570) 678-7411