

# **Berkeley Township**

#### MUNICIPAL UTILITIES AUTHORITY

42 Station Road, Bayville, NJ 08721, (732) 237-0100 Fax (732) 237-0638

### DIRECT PAYMENT AUTHORIZATION FORM

Complete this application to authorize the Berkeley Township Municipal Utilities Authority ("BTMUA") if you want to automatically deduct the payment of your <u>NEXT</u> quarterly water bill from your checking or savings account on the due date. This is an alternate payment option.

The BTMUA quarterly bill will provide you notification of the amount owed and due date. The due date will be approximately 17 business days after the bill date. Your payment will be automatically deducted from your financial institution account on the due date stated on the bill. Proof of payment will appear on both your bill, as well as the statement you receive from your financial institution.

The authorization to charge your account will remain in effect until written notification to terminate is provided. The Direct Payment Plan is dependable, flexible and convenient with no additional fee. To take advantage of this service, complete this authorization form and return to us.

#### All you need to do is:

- 1) Mark the account type box to indicate whether your payment will be deducted from your checking account or savings account.
- 2) Provide the required account and banking information listed below. The form must be signed and dated.
- 3) Attach a copy of a voided check for verification of all financial institution information.
- 4) Check the box if you want to receive future BTMUA quarterly water bills in an email format.
- 5) After receipt of this form the BTMUA will automatically withdraw the amount due from your financial institution account on the due date of the NEXT bill.

## Please complete the information below.

For paymen from my		y water bill, I authorize the l	Berkeley Towns	ship Municipal Uti or	_	thority to initiate electronic debit entries  Savings Account
I acknowledge the origination of ACH transactions to my account must comply with the provision of U.S. law; this authority will remain in effect until I have canceled it in writing.						
Account Inf	<u>format</u>	ion:		BTMUA A/C #:	***	
CUSTOME	ER NA	ME (PLEASE PRINT)		SERVICE PROP	ERTY A	DDRESS
CUSTOME	ER EM	AIL ADDRESS	<u>_</u>	CUSTOMER PH	ONE NU	UMBER
☐ CHECK THIS BOX TO RECEIVE THE QUARTERLY BILLS BY EMAIL.						
Banking Information:			FINANCIAL INSTITUTION NAME (PLEASE PRINT)			
FINANCIA	L INS	TITUTION ROUTING NUM	MBER	FINANCIAL INS	STITUTI	ON ACCOUNT NUMBER
All insufficient funds will incur a \$20.00 processing fee. Complete this form and mail to the above address. Your account will be pre-noted to verify account accuracy prior to the first actual debit to your account for water charges.						
SIGNATUI	RE			DATE		

Access to a convenience fee based online payment service is offered on the Authority website: www.berkeleymua.org.