

MIDDLETOWN BOROUGH DIRECT PAYMENT AUTHORIZATION AGREEMENT

NAME: _____
(OWNER OF PAYMENT ACCOUNT)

ADDRESS: _____
(AS IT APPEARS ON YOUR BILL)

PHONE: _____

I hereby authorize the Borough of Middletown (the "Borough") to initiate a monthly debit entry to my checking account on the due date* for my bill payment in an amount equal to my bill payment, and the bank or financial institution named below to debit the same to such account. Each debit to my account shall be the same as if I had signed a check to pay my bill. If any such debit is returned for non-sufficient funds, I will be charged twenty dollars by the Borough. The Borough has the right to deny me the privilege of Direct Payment if, at any time, any such debit is returned for non-sufficient funds.

This authority is to remain in force and effect until I notify the Borough otherwise in writing in such time and such manner as to afford the Borough and the bank or financial institution named below a reasonable opportunity to act on it.

****Please be aware it may take two to three billing cycles before the draft begins.****

Bank or Financial Institution: _____

Institution Address: _____

IN ORDER TO COMPLETE THIS REQUEST, PLEASE ATTACH A COPY OF A VOIDED CHECK FROM THE ACCOUNT BEING USED FOR DIRECT PAYMENT.

By signing this authorization, I am acknowledging that I understand and agree with the above statements.

SIGNATURE: _____ DATE: _____
(owner of payment account)

**If a payment is due on a weekend or holiday, your account will be debited the next business day.*