

**TOMSA AUTHORIZATION AGREEMENT
FOR DIRECT DEBIT PAYMENT**

I hereby authorize The Township of Middletown Sewerage Authority (TOMSA) and my financial institution to initiate the quarterly payment of my sewer bill from the account specified below. If I change financial institutions or wish to terminate direct payment I will take responsibility to notify TOMSA in writing at least two weeks before my account is to be charged. If payments are returned to TOMSA at least two times, TOMSA reserves the right to terminate this payment agreement. I understand that upon entering into this agreement I will no longer receive a quarterly bill and that it is my responsibility to know when my payments will be deducted from my bank account. This authority will remain in effect until I notify TOMSA otherwise.

Date of Payment: 25th of the month it is due (Note: If the due date falls on a weekend or bank holiday, payment is charged on the first business day thereafter).

Customer Name (as it appears on your bill): _____
(Printed Name)

Service Address: _____

TOMSA account number (as it appears on your bill) _____

Phone Number: _____

Email address: _____

Financial Institution Name: _____

Name of Account Holder: _____

Bank account number: _____

Bank routing number: _____

Type of Account:

_____Checking (**please enclose a "VOID" check**)

Signature _____ Date _____

Please return to: TOMSA
PO BOX 281
Middletown, NJ 07748

NOTE: In order to participate in this program, your account must be paid up to date.