

AUTHORIZATION FOR DIRECT PAYMENT

I/we hereby authorize HAMPTON TOWNSHIP MUNICIPAL AUTHORITY and the financial institution named below to initiate entries, and if necessary, any adjustments needed to correct entries made in error to my/our checking/savings account.

Name of Financial Institution Branch

City State Zip Code

Account No. _____ Checking _____ Savings _____

Financial Institution Routing No. _____
Number between these symbols ': : ' on the bottom of your check.

This authority will remain in effect until I/we notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

Name (s) _____

Signed _____ Date _____

Signed _____ Date _____

****Please sign me up for paperless billing:** Yes _____ No _____

E-Mail Address: _____

HTMA Account No. _____

HTMA Account Name: _____

Service Address: _____

Contact Telephone Number: _____

PLEASE MAIL COMPLETED APPLICATION AND VOIDED CHECK TO:

Hampton Township Municipal Authority
P.O. Box 66
Allison Park, PA 15101

****Note:** When signing up for paperless billing, statements will be e-mailed to you on the last business day of the month you are billed. The amount due will be automatically deducted from your account on the 20th of the following month.