

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize *RIDGWAY TOWNSHIP MUNICIPAL AUTHORITY* (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION) , and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution -Branch, City, State & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Phone number)

The amount debited your account will be the balance due. This debit will be effective on the due date. Adjustments will be as needed.

Checking Account Number -

Savings Account Number -

Financial Institution Routing Number -

A voided check must be attached.

Customer account number -

Mail your application to: Ridgway Township Municipal Authority 1537B Montmorenci Rd. Ridgway, PA 15853

Please continue to pay your monthly bill until you are notified by the billing office that your automatic draft has been activated.

If you have any questions, please contact the billing office at 814-776-1003.