

LOWER BUCKS COUNTY JOINT MUNICIPAL AUTHORITY
DIRECT DEBIT AUTHORIZATION FORM

Please print

Account Name _____
(As shown on water and sewer billing)

Account Number _____

Service Address _____

Telephone *(required)* _____

I authorize Lower Bucks County Joint Municipal Authority (Authority) to instruct my banking institution to make payments from the account listed below. I understand this authorization may be stopped by me at any time by providing the Authority with written notice to discontinue automatic payments. I understand that the Authority assumes no responsibility for transaction errors on the part of any financial institution.

Financial Institution: _____

Bank Account Number: _____

ABA/Routing Number: _____

Circle Account type: checking savings

Signature: _____ Date: _____

Authority Use Only
