

**C**umberland  
**F**ranklin  
**J**oint  
**M**unicipal  
**A**uthority

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**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS**

I hereby authorize **(Cumberland – Franklin Joint Municipal Authority)** to initiate debits from the checking/savings account indicated below. If an error occurs in the transaction amount, I hereby authorize **(Cumberland – Franklin Joint Municipal Authority)** to initiate a correcting transaction to/from the checking/savings account indicated below.

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**CUSTOMER INFORMATION:**

**Bank Account #:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_

**CFJMA Acct #:** \_\_\_\_\_

**Name(s) on Bank Account:** (1) \_\_\_\_\_  
(Please Print)

(2) \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
(You will not receive a printed bill if you choose email billing)

**Mailing Address:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_  
(Write "SAME" if mailing address is the same as the property address)

**Phone #:** \_\_\_\_\_

**Signature(s):** (1) \_\_\_\_\_

(2) \_\_\_\_\_

(Signatures of all parties on the bank account)

**Date:** \_\_\_\_\_

**Note: Please attach a voided check**

**\*\*\* You will be billed QUARTERLY \*\*\***

# AGREEMENT

This Agreement made and entered into on \_\_\_\_\_ (month), \_\_\_\_\_ (date) of the year 20\_\_\_\_\_, between the Cumberland-Franklin Joint Municipal Authority, CFJMA and Customer(s).

1. CFJMA is providing sewage collection services to customer.
2. Customer is responsible for payment of all fees to CFJMA for providing this service.
3. As a consideration to customer, CFJMA has been requested to initiate a debit from customer's checking/savings account identified specifically in the attached authorization agreement for preauthorized debits.
4. Customer understands and acknowledges that CFJMA will begin such debit, on a quarterly basis, at the next appropriate billing cycle for CFJMA.
5. Customer understands, acknowledges and agrees that customer continues to remain solely responsible for all fees and that if, for any reason, the automatic electronic debit does not occur at any billing cycle, the customer is required to make payment directly to CFJMA.
6. Customer understands, acknowledges and agrees that, should the automatic electronic debit not be withdrawn due to insufficient funds, closing of an account, etc., customer will be responsible to make payment in full to cover insufficient funds amount and pay the service fee. Also understood is that the account will automatically be dropped from the auto debit and customer will be responsible to make payment on their own.

The parties hereto have set their hands and seals the day and year noted above.

(1) \_\_\_\_\_  
Printed Name

(2) \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
CFJMA Signature

CFJMA Acct. # \_\_\_\_\_

Date \_\_\_\_\_