

## **BEDMINSTER MUNICIPAL AUTHORITY**

TOWNSHIP OF BEDMINSTER, BUCKS COUNTY, PENNSYLVANIA

442 ELEPHANT ROAD PERKASIE, PENNSYLVANIA 18944

(215) 249-1042 FAX (215) 249-3587

## **ACH Bank Draft Payment Sign-Up Form**

CUSTOMER INFORMATION		
Name:		
Account No:	<del></del>	
E-mail Address:		
Phone No:		
FINANCIAL INSTUTION INFORMATION		
Bank Name:		
Bank Routing/Transit No:		
Name on Account:	·	
Account Type: (circle one): Checking	/ Savings	
Account No:		
I certify that the information above is correct, that I am an authorized ACH transactions, and that I am authorized to provide this information.		vided for
I authorize Bedminster Municipal Authority to deduct my utility pays Transfer. I understand sending a written notification to Bedminster	ments from this bank account via Electro Municipal Authority will revoke this auth	nic Funds orization.
Bedminster Municipal Authority reserves the right to cancel Electrowithout notice and charge a service fee of \$35.	onic Funds Transfer due to insufficient fu	nds
Print Authorized Name		
Authorized Signature	date	