

LONG BRANCH SEWERAGE AUTHORITY

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

(In order to participate in this program – your billing account must be up to date)

I authorize the Long Branch Sewerage Authority to instruct my financial institution to make my payments from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the Long Branch Sewerage Authority.

Customer Name (as it appears on your bill) _____

Service Address _____

Mailing Address _____

Long Branch Sewerage Authority Account Number (as it appears on your bill)

Name & Address of your Financial Institution:

Type of Account

___ Checking

(Please enclose a "VOID" check)

___ Savings

(No passbook accounts, please enclose a pre-printed savings account deposit slip)

Account holder signature _____

Date _____ Phone # _____

Complete this form and mail to:

Long Branch Sewerage Authority

P.O. Box 720

Long Branch, NJ 07740

** Please note that this cannot take effect until the next quarterly payment is due and your account is presently up to date.