



NAZARETH BOROUGH MUNICIPAL AUTHORITY

872 TATAMY ROAD, P.O. BOX A, NAZARETH, PA 18064

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**AUTHORIZATION FOR DIRECT WITHDRAWAL OF
NAZARETH BOROUGH MUNICIPAL AUTHORITY SEWER BILL CHARGES**

Name: _____

Billing Address: _____

Billing Sewer Account Number: _____

Property Address (if different): _____

Daytime Phone Number & Email: _____

I/We hereby authorize Nazareth Borough Municipal Authority to withdraw the cost of my quarterly sewer bill from my bank account. This authorization will remain in effect until I/We provide a thirty-day written notification to terminate this agreement. I/We further hereby agree to notify the Nazareth Borough Municipal Authority in writing thirty days prior to any change in the Financial Institution or Account which is debited. The charges for sewer will be taken out of my/our account on the respective due date of the bill in March, June, September and December of each year. The amount(s) deducted will be on the quarterly bill you receive from NBMA. **A voided check is required for all charges from a checking account.** I have verified my account number with my bank or bank statement and have indicated the account numbers below. I acknowledge a \$20.00 service fee will be charged to my sewer account in the event funds are unavailable in my bank account at the time of withdrawal.

Please provide the following & return the entire form to:

**NBMA
PO Box A
Nazareth, PA 18064**

Financial Institution Name: _____

Branch City/State: _____

Account Number: _____

Account Type: Checking

Savings

Routing Number: _____

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

Where bank account is in joint name, this authorization must be signed by all joint owners.