

DIRECT DEBIT OF WATER AND SEWERAGE AUTHORIZATION FORM

I (we) hereby authorize Clearfield Municipal Authority (THE COMPANY) to initiate entries to my checking account through County National Bank (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

CUSTOMER(S) NAME(S) - PLEASE PRINT

SOCIAL SECURITY NUMBER(S) / FEDERAL TAX ID NUMBER

I would like my quarterly bill directly debited from the following account at the following institution:

Checking Account Number _____

Financial Institution Name _____

Routing Number _____

***** ATTACH A VOIDED CHECK OR A DEPOSIT SLIP *****

CUSTOMER(S) SIGNATURE(S)

DATE

CMA PARCEL NUMBER(S)