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103 PENSION ROAD
MANALAPAN, NEW JERSEY 07726
732-446-9300
732-446-1203 (F)

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACCOUNT WITHDRAWAL

For your convenience we offer this **no fee** payment option.
This application is for those customers that are **not currently enrolled** in Automatic Account Withdrawal.

- Check one: New Authorization WMUA account #: _____
 Cancellation of Automatic Account Withdrawal
 Authorization to Change to Another Bank or Bank Account Number
- I/We hereby authorize WMUA to initiate account withdrawals to my (our) Checking/Savings account indicated from the bank name below. I/We understand that this authorization will remain in effect until I/We make a written request to WMUA to cancel the automatic account withdrawals and WMUA is afforded a reasonable opportunity to act on the cancellation request.
- Withdrawals will be made on the 25th of the month of billing. If a weekend or holiday occurs on the 25th of the month, the withdrawal will occur the next business day.
- WMUA reserves the right to terminate your participation in this payment option at any time.
- All insufficient funds will incur a \$20.00 fee.
- WMUA will not disclose personal identifying information supplied by you on this form. This information is deemed confidential pursuant to the Open Public Records Act N.J.S.A. 47: A-1, et seq.

If you would like to enroll in Automatic Account Withdrawal, please complete, sign and mail application. Please remember to include a voided check.

Property Location _____

Bank Name _____

Routing Number _____ Account Number _____
Bank Account Type: Checking Savings

Account Holder(s) (please print) _____

****Signature** _____ ****Signature** _____

All bank account holders must sign the application

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Please print your E-mail address if you would prefer E-Bills & Quarterly Reminders in lieu of paper bills:

E-Mail Address _____

DID YOU KNOW... You can securely pay by phone? Just dial **855-472-2934**. Standard E-Check and Credit Card Fees Apply.