

*****In order to participate in this program, your account must be paid up to date*****

EASY PAY (DIRECT DEBIT) AUTHORIZATION FORM

I authorize the Two Rivers Water Reclamation Authority (TRWRA) 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 Two Rivers Water Reclamation Authority.

Customer Name (as it appears on your bill):

(Printed Name)

Service Address _____ Town _____

State _____ Zip Code _____

TRWRA account number (as it appears on your bill) _____

Financial Institution Name and Address _____

Bank account number _____

Type of Account:

_____ Checking (please enclose a "VOID" check)

_____ Savings (please enclose a pre-printed savings account deposit slip)

No Passbook Accounts

Account Holder Signature _____

Today's Date _____

Requested Effective Date of Removal _____

Complete this form and mail to:

**Two Rivers Water Reclamation Authority
1 Highland Avenue
Monmouth Beach, NJ 07750**